



Endorsement Request Form – Letter of Support (LOS) & Use of Logo

Requests for Letter of Support (LOS) and/or Use of CalOptima Health's Logo must be submitted to the Community Relations Department no less than 21 calendar days in advance.

Endorsement Details			
Organization:			
Address:			
City:		Zip Code: *	
POC Name & Title:			
Phone Number:		Fax:	
E-mail:			
Type:	<input type="checkbox"/> Letter of Support		
	<input type="checkbox"/> Use of CalOptima Health's Name or Logo Only		
	<input type="checkbox"/> CalOptima Health's Master Logo		
	<input type="checkbox"/> OneCare Logo		
	<input type="checkbox"/> PACE Logo		

Endorsement Needed By:

If more space is needed, you may attach additional pages.

<ol style="list-style-type: none">1. Program or project description, including:<ol style="list-style-type: none">a. Name of the program or project;b. Name of the program or project director or principle investigator, including his/her qualifications in regards to the program or project; andc. Scope and purpose of the program or project	
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<p>2. Background information of requesting entity, including:</p> <ul style="list-style-type: none">a. Information regarding entity’s ability to successfully carry out the program or project; andb. Names of members of the Board of Directors.	
<p>3. Other individuals or entities supporting the program or project, including:</p> <ul style="list-style-type: none">a. A description of their role in the program or project.	
<p>4. Detailed program or project timeline for planning, implementation, evaluation, and other phases of the program or project.</p>	



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<p>5. Projected outcome of the program or project.</p>	
<p>6. Purpose for CalOptima Health’s involvement in the program or project, including:</p> <ul style="list-style-type: none">a. Detailed description of its proposed role;b. Anticipated time commitment required of CalOptima Health staff; andc. Specific data elements requested from CalOptima Health and a description of their specific use in the program or project.	
<p>7. Conditions under which CalOptima Health’s name and/or logo will be used.</p>	



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<p>8. Time frame during which CalOptima Health's name or logo will be used.</p>	
<p>9. Please provide a LOS template letter and/or mock-up of how CalOptima Health's name or logo will be used.</p>	