



The Residential Home Care Network, is a 501 ©3 consortium of Adult Family Care Homes and Assisted Living providers, serving in a residential environment. Collectively we provide personalized care for Florida families in a “private home” setting. Our Person-Centered approach promotes choice, purpose and meaning in the lives of the men and women that we are privileged to serve.

As an organization, we support the “*aging at home*” philosophy that promotes a holistic approach more in line with the “desires” of the elderly to reside in a home until the need for higher levels of care arises.

We invite you to complete on our website or **CIRCLE ONE** and become a part of our network as a “Sponsor” in one of two ways.

PREMIER SPONSOR LEVEL (Only 4) (\$250.00 per month)

As a **PREMIER SPONSOR**, your sponsorship dollars offer the following

- Premier positioning on every page of our lead generating website.
- Your Collateral posted onsite in our Premier member’s facilities.
- Weekly mention on our Facebook live events.
- 2 Free Passes to Lunch Meeting
- Active marketing at our Community events 3-4 time annually

COMMUNITY PARTNER SPONSOR LEVEL (\$50.00 per month)

As a **PARTNER** sponsor, your sponsorship dollars offer the following.

- Link to your website on our resource page.
- Spotlight on our Facebook live event
- One Free pass to Monthly Luncheons
- Monthly mention at our networking meetings

As an organization, our mission is to “To support all Adult Family Care Homes and Assisted Living Facilities serving in a private home in a residential setting by providing resources, referrals and networking opportunities”.

We thank you in advance for your support. Please review and complete the attached

The Residential Home Care Network

Website Sponsorship Agreement

The Residential Home Care Network, P.O. Box 679446, Orlando, Florida 32867 henceforth known as “Network,” and {Name}, henceforth known as “Sponsor,” ADDRESS enter into this agreement freely and willingly on the {date} day of {month}, {year} for a period of one year.

The covenants of this agreement are as follows:

The Website

Sponsor agrees to provide sponsorship (details below) **Residential Home Care Network Website**, henceforth known as “**Website**”

The Sponsorship

Sponsor agrees to provide Network with a monthly fee as outlined below for a period of one year, effective date of signed Agreement. Sponsor may provide additional monetary, in-kind or marketing support as mutually agreeable in addition to the monthly sponsorship fee.

PREMIER SPONSOR

(\$250.00 per month) 4 available

As a **PREMIER SPONSOR**, your sponsorship dollars offer the following

- Premier positioning on every page of our lead generating website.
- Your Collateral posted onsite in our Premier member’s facilities.
- Weekly mention on our Facebook live events.
- Active marketing at our Community events 3-4 time annually

COMMUNITY PARTNER SPONSOR

(\$50.00 per month)

As a **COMMUNITY PARTNER** sponsor, your sponsorship dollars offer the following.

- Link to your website on our resource page.
- Spotlight on our facebook live event
- Monthly mention at our networking meetings

Sponsor acknowledges that the Network will attempt to offer similar opportunities to other Sponsors and effort will be made to only showcase one sponsor per category on the website. However, there may be cases that a competitor will be listed upon mutual agreement between sponsors and Network.

Credit

In exchange for this sponsorship, Network agrees to provide credit in the form of including Sponsor logo and or name on the website during term of the Agreement. Sponsor will have right to approval prior to placement.

Payment

Sponsor agrees to pay the first month's fee at time of Agreement signing, and will make monthly payments upon receipt of electronic invoice.

Relationship

This agreement represents the only relationship between Network and Sponsor. No other relationship between the two entities exists, implied or otherwise.

Termination

Either party can cancel this Agreement in writing upon 60 day notice.

Sponsors Corporate Name (PRINT)

Sponsor Name

Sponsor Signature

Network Representative Name

Network Representative Signature

Date_____

Date_____

EMAIL COMPLETED FORMS TO (asktheprovider@gmail.com)