



Sponsor Form

Background:

IDPH is proud to be a part of Project Firstline – a new, comprehensive infection control program designed to help prevent the spread of infectious diseases in U.S. healthcare settings. This cross-cutting collaborative is made up of healthcare, public health, and academic partners, as well as 64 state, territorial, and local health departments funded through CDC’s Epidemiology and Laboratory Capacity cooperative agreement.

The COVID-19 pandemic has highlighted foundational gaps in infection control knowledge and practice across healthcare settings nationwide. Together, this training initiative will support development and dissemination of Project Firstline’s innovative, infection control training and tools for healthcare and public health workforces across the United States. These training and engagement opportunities will include short, accessible training videos, virtual interactive events, and tele-mentoring to ensure every worker in every healthcare setting—from clinicians to environmental services workers—is empowered with the science and reasoning behind essential infection control practices, and can confidently apply those practices to protect themselves, their facility, their family and their community.

We would like to invite your organization to join **Project Firstline** as a campaign sponsor. You will receive acknowledgment for your support (e.g., name on campaign materials).

Basic sponsorship: As a Sponsor, you agree to the following:

- Permit IDPH to use your name with campaign promotional efforts** such as press releases and listing your organization’s name on the Campaign website.
- Assist in promoting the campaign.** This can be accomplished through, for instance, a written publication, prominent website posting, prominent announcement at your organization’s meeting or conference, or distributing Campaign materials to other groups (e.g., organizations, hospitals, long term care facilities).

Additional sponsorship

- Provide other type of support not listed above.** Please elaborate:

My signature below indicates that I agree that my organization will become a sponsor of Project Firstline

Name, title, and signature

Organization Name

Date

Thank you for your partnership in this important initiative! Please email the completed form to DPH.DPSQ@Illinois.gov and direct any questions to the same: DPH.DPSQ@Illinois.gov.