Grant Request Form

for the Blue Cross and Blue Shield of Kansas Foundation

BlueCross BlueShield of Kansas Foundation®

For a grant request to be considered, it must be made by a Section 501(c)(3) organization which is deemed a "public charity" and must fund efforts/programs that promote health improvement, health access, health education, healthy behaviors and prevention initiatives.

Complete the following request form and fax to **785-291-7664** or mail to **Marlou Wegener,** Blue Cross and Blue Shield of Kansas Foundation, 1133 SW Topeka Boulevard – cc 529, Topeka, Kansas 66629-0001

If you have questions, please contact Marlou Wegener by phone at 785-291-7246, or by email at marlou.wegener@bcbsks.com

Section 1

General Information:

Date of Request ____/____/____ (Month / Day / Year) Date Response Needed ____/____/____ (Month / Day / Year) Amount Requested: $_____

Requested by _____ (Organization Name)

Address _____ (Street) (City) (State) (ZIP Code)

Contact Person _____ Phone (____) _____ (Area Code)

Section 2

Purpose: (Please attach additional pages for these questions as necessary.)

Charitable purpose for this request: _____

Benefit to the community: _____

Number of people impacted: _____

Anticipated results and how they will be measured: _____

Why should the Blue Cross and Blue Shield of Kansas Foundation be involved in this charitable project? _____

What acknowledgement or recognition of its support will the Blue Cross and Blue Shield of Kansas Foundation receive if the contribution is approved?

Applicant represents and warrants that it is an organization defined in Section 501(c)(3) of the Internal Revenue Code, and is **not** a private foundation as defined in Section 509(a) of such Code. Applicant agrees to provide such additional information as the Foundation may request from time to time in connection with the grant requested herein.

The foregoing information is true, complete, and correct to the best of Applicant's knowledge and belief, and Applicant will immediately make the Foundation aware, in writing, of any changes to such information.

Name of Applicant _____

By _____ Its _____

*An Independent Licensee of the Blue Cross and Blue Shield Association.