

Donation Request Form



Blue Cross of North Dakota (BCBSND) Caring Foundation is proud of its community investments and values the very important work that organizations are doing to keep North Dakotans healthy. Giving back to the communities is important to us and to maximize our giving, we target events and programs that align with our foundation mission to “help positively transform the health and well-being of North Dakotans and their communities.”

To be considered for a donation, please fill out the below information and return to caringfoundation@bcbsnd.com.

Donation requests will be reviewed on a monthly basis. You will receive notification of whether your request has been granted within six weeks of submitting the request.

Please note, should your request be granted, you will need to send an invoice to:

- Blue Cross Blue Shield of North Dakota Caring Foundation
4510 13th Ave S.
Fargo, ND 58121

Applicant Information		
Name		
Phone Number	Date	
Email		
Relationship with Organization	Name of Organization	
Address of Organization		
City	State	Zip Code

Is your organization tax-exempt with 501(c)(3) status? Yes No

If your request fits any of the descriptions listed below, you are not eligible to receive funds.

- National non-profit organizations or associations not based in North Dakota
- Raises funds for other organizations
- Art, theatre or music organizations
- Political campaigns, candidates, parties or partisan activities
- Beauty pageants
- Student trips or requests from individual N.D. elementary or secondary schools, unless the request is for a new and innovative program specifically designed to address health and wellness
- Yearbooks, proms, graduation night parties
- Building or capital campaigns
- Endowments
- Primary and secondary schools, public and private
- Travel expenses
- Sectarian, denominational or religious organizations for support of theological functions
- Organizations or causes that do not adequately support the foundation giving priorities of improving health and well-being

**If your organization does not fit any of the above descriptions,
please continue with the following questions.**

Organization Information

Description of organization, including objectives:

How does your donation request align with the BCBSND Caring Foundation's mission of improving the health and well-being of North Dakotans?

Project for which funds are being solicited:

What is your total budget?

Amount of funds being requested from BCBSND Caring Foundation:

Specifically how will BCBSND Caring Foundation funds be utilized to support your overall request?

Which region of the state will your funding request impact? (check all that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Bismarck region | <input type="checkbox"/> Devils Lake region | <input type="checkbox"/> Dickinson region | <input type="checkbox"/> Fargo region |
| <input type="checkbox"/> Grand Forks region | <input type="checkbox"/> Jamestown region | <input type="checkbox"/> Minot region | <input type="checkbox"/> Valley City region |
| <input type="checkbox"/> Wahpeton region | <input type="checkbox"/> Williston region | <input type="checkbox"/> Other _____ | |

Will you receive funding from other organizations?

What is the event date/timeframe for your project?

If request is approved who should the check be payable to?

Please feel free to email any related documentation for your request if needed.