

BCBSND Community Partnership Sponsorship Request Form



Blue Cross Blue Shield of North Dakota (BCBSND) is a nonprofit, member-owned company committed to the health and well-being of North Dakotans.

BCBSND's Community Partnership initiative seeks to build strong partnerships at the community level, investing and advocating for better health and well-being through responsible corporate sponsorships and giving. All requests are subject to the guidelines outlined below and availability of funds.

Please send your request through one of the options below:

- Blue Cross Blue Shield of North Dakota
Attn: Community Partnerships and Sponsorships
4510 13th Ave S.
Fargo, ND 58121
- Email to: sponsorships@bcbsnd.com

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

Date Requested: _____

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 without North Dakota affiliates
- Third party fundraisers whose organization will not directly benefit
- 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
- Travel expenses
- Sectarian, denominational or religious organizations for support of theological functions
- Organizations or causes that do not adequately support organization giving priorities of improving health and well-being

Organization Information

Amount of funds being requested from BCBSND:

Description of organization, including objectives:

How does your sponsorship request align with BCBSND's mission?

Project for which funds are being solicited:

What is estimated number of attendees at your event?

Describe how BCBSND logo/brand will be included in event:

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 _____ | |

What is the event date/timeframe for your project?

Attach or include any related documentation for your request as needed.