

Date of request: _____

Organization Name: _____

Description and mission of organization: _____

Does the organization have 501(c)(3) Status? Yes No

Does the organization qualify as a public charity? Yes No

Does the organization have health insurance? Yes No

If so, what company: _____

Are you a United Way Agency? Yes No

Federal Tax ID Number: _____

Contact Person: _____ Title: _____

Telephone Number: _____

Mailing Address: _____

E-mail Address: _____

Please write brief and clear responses to the statements below:

Name of Event/Project to be sponsored: _____

Event/Project Date: _____

Event/Project Time: _____

Event/Project Location: _____

Amount of contribution requested: _____

Date contribution needed: _____

Purpose of contribution: _____

How will the community benefit from this Event/Project: _____

Will BCBST Community Trust be included on all printed materials: Yes No

Will signage be displayed: Yes No

If yes, where will such signage be displayed: _____

Who will provide signage: _____

What is the deadline for submission of logos/artwork: _____

Will BCBST Community Trust receive tangible goods or services in consideration for the contribution: Yes No

If yes, give quantity and estimated value: _____

Please include the following items along with your contribution request:

- *Formal proposal on organization's letterhead*
- *Proposed total budget of the project*
- *Information on other sources of financial support*
- *Organization's Board of Directors*
- *A copy of the IRS Determination Letter of 501(c)(3) status*
- *W9 Tax Form*

Be sure to include any additional pertinent information along with this form upon submission. Please submit all materials to:

**Chelsea C. Johnson | Interim Director
BlueCross BlueShield of Tennessee Community Trust
1 Cameron Hill Circle
Chattanooga TN 37402
E-Mail: Chelsea_Johnson@bcbst.com**