



PROGRAM EVENT INFORMATION

Program/Event Name _____

New or on-going Project _____

Brief Description of Program/Event

Goals and Expected Outcomes

Audience Served

Purpose of Funding

Other Organizations being Approached for Funding

Amount Requested \$ _____

Total Project Cost \$ _____

Ticket Cost \$ _____

Fair Market Value of Ticket \$ _____

Name check should be made payable to _____
(Checks are only made payable to organizations with a 501(c)(3) tax-exempt status)

Program/Event Date _____ Event Location (if applicable) _____

Sponsorship Packages (send as attachment or list amount and benefits)

ORGANIZATION DETAILS

Legal Name of Organization Applying _____

(Should be same as listed on IRS determination letter indicating 501(c)(3) tax-exempt status)

Brief History of Organization

Organization Mission

Year founded _____ Current Operating Budget \$ _____

Executive Director/President & CEO Name _____

Agency Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

E-mail Address _____

List Board of Directors

Contact person for this request with title and phone number (if different from above)

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

E-mail Address _____

List any previous support from Blue Cross Blue Shield of Michigan and Blue Care Network in the last three years

Signature, Executive Director

Date