

For a grant request to be considered, it must be made by an IRS Section 501(c)(3) organization which is deemed a “public charity” and must fund efforts/programs that promote health improvement, community health access and/or health education, healthy behaviors, prevention initiatives or direct health services to the uninsured.

An organization’s IRS 501(c)(3) determination letter must be included when submitting this Grant Request Application.

## Organization Information

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Website \_\_\_\_\_

## Organization Contact

Contact Name \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Please complete this grant request form and submit it via:



Marlou Wegener  
Cost Center 529  
Chief Operating Officer,  
Blue Cross and Blue Shield of Kansas Foundation  
1133 SW Topeka Blvd.  
Topeka, KS 66629-0001



Email: [marlou.wegener@bcbsks.com](mailto:marlou.wegener@bcbsks.com)



Fax: (785) 291-8997

## Questions?

Please contact Marlou Wegener  
Phone: (785) 291-7246  
Email: [marlou.wegener@bcbsks.com](mailto:marlou.wegener@bcbsks.com)



1

Please provide a brief summary of the mission of this nonprofit organization.

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2

Grant amount requested \$ \_\_\_\_\_

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3

The proposed grant will be used for a program that supports which of the Blue Cross and Blue Shield of Kansas Foundation's required areas: (check all that apply)

- Health improvement
- Community health access
- Community health education
- Healthy behaviors
- Prevention initiatives
- Direct health services to the uninsured

4

What specific health-related program would benefit from grant funding? Please describe the program in detail.

5

What counties and their citizens would be impacted by this funding? *(Remember that the service area for the Blue Cross and Blue Shield of Kansas Foundation is all Kansas counties except Johnson and Wyandotte.)*

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6

Tell us about the population/target group that the project will serve.

7

Explain what specific items or provide a list of expenses for which the funding would be used.



How does this project improve the health of Kansas?

9

While the visibility of the Blue Cross and Blue Shield of Kansas Foundation grants are unique to each funding situation, please give one example of how the Blue Cross and Blue Shield of Kansas Foundation would be acknowledged if the request was granted.

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Applicant represents and warrants that this 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 Blue Cross and Blue Shield of Kansas Foundation may request from time to time in connection with the grant request herein.

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

Name of Organization \_\_\_\_\_

Name of Person Submitting Request \_\_\_\_\_

Title of Person Submitting Request \_\_\_\_\_

**Please attach the organization's IRS 501(c)(3) determination letter.**



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