



# Kansas City

## **Blue KC Charitable Giving Criteria**

Blue KC is committed to improving the health and wellness of the individuals and families living and working in the communities that we serve. One way we fulfill that mission is through charitable contributions to not-for-profit organizations. We support organizations focused on health and wellness as well as those that enrich our community through social services, education, arts, culture and civic endeavors.

### **To be eligible for funding, you must:**

- Work to improve the quality of life and health in the community
- Benefit communities served by Blue KC
- Be designated by the IRS as a 501c3 charitable organization
- Serve the community with equal opportunity regardless of age, race, sex, religion or disability

### **Your project design must:**

- Generate results that are sound, valid and measurable
- Have a clear description of the project and clear goals
- Incorporate an evaluation process

### **Community Involvement:**

- May have broad based community involvement, partnerships, coalitions and collaborations

### **Limitations** – Blue KC does not consider charitable funding for:

- Individuals
- Organizations outside of Blue KC's 32-county service area
- Religious organizations
- Political organizations and campaigns
- Advertising
- Capital campaigns

Our policy is to make only one contribution per year to an organization. Blue KC does not commit to multi-year funding for any organization or event.

Community Relations Department  
Blue Cross and Blue Shield of Kansas City  
2301 Main  
P.O. Box 419169  
Kansas City, MO 64141-6169  
Telephone: 816-395-2792  
Email: [\\_Community\\_Relations@BlueKC.com](mailto:_Community_Relations@BlueKC.com)



# Kansas City

## Blue KC Charitable Giving Application for Funding

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Website: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact for Approval: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Mission of Organization:  
\_\_\_\_\_  
\_\_\_\_\_

Program Name: \_\_\_\_\_ Grant Amount Requested: \_\_\_\_\_

Summary of Proposal:  
\_\_\_\_\_  
\_\_\_\_\_

Goals and Objectives (including outcome measures):  
\_\_\_\_\_  
\_\_\_\_\_

Project/Event Timeline (start/end dates): \_\_\_\_\_

**Required Appendix:**

IRS Letter verifying 501c3 status

Send original proposal, appendix and any additional attachments to:

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