



**CHARITABLE CONTRIBUTIONS GRANT REQUEST FORM
501(c)(3) Organizations**

Completion of the attached form indicates the following requirements have been met by the requesting organization:

- Organization has not received funds from the Foundation within the last year.
- Organization qualifies as a 501(c)(3) organization.
- Request is not an individual, private secondary school, or religious organization.
- Grant fulfills an area of need categorized below:

Check primary applicable category of grant type below:

- Children & Youth
- Education
- Environmental
- Health & Human Services
- Civic & Community
- Arts & Culture
- Minority

If not specifically an organization to benefit minorities, what is the approximate percentage of your membership or participant group that are members of a minority racial, ethnic or national origin group?

Purpose of Grant:

- Endowment
- Capital Campaign
- Operating Expenses
- Special Project _____
- Special Program _____
- Special Event _____

List any business relationship your organization has with Aflac (for example, supplemental insurance).

List Aflac employees serving on the board, in positions of leadership or serving as volunteers with organization. (Active participation does not ensure grant.)

List funding sources and amounts already secured:

Percentage of Board of Directors financial participation
_____ %

Identify method of measuring and reporting effectiveness of program/project:

Aggregate Board of Directors Giving: \$ _____

Amount Requested by Organization: \$ _____

Identify geographical area served or area from which participants benefit from program/project:

In kind donation requested by organization: _____

For proper processing, please ensure the following is included with the request:

- 501(c)(3) tax exempt status letter.
- Information describing the organization and the program or purpose of the grant.
- Financial Report of organization.
- Listing of the organization's officers and board of directors.

Return completed application to:

Aflac
Attn: Foundation Administrator
1932 Wynnton Road
Columbus, GA 31999

Organization

Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____

Contact _____
Title _____
Email Address _____