

# Vermont Caring for Children Foundation Grant Application



Blue Cross and Blue Shield of Vermont  
Caring for Children Foundation, Inc.

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

Contact Person(s): \_\_\_\_\_

Organizational Headquarters: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## In addition to this application, include a narrative description of your project.

Please answer the following questions:

1. What is the specific purpose of this grant request?
2. What is the target population that will be served or impacted by grant?
3. What is the total project or organizational budget?
4. What is the specific grant request amount?
5. What are the other funding sources?
6. What other organizations are or will be involved in the work?

If available please provide an annual report of the program and/or documentation of a fiscal agent or sponsor.

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## PLEASE READ, COMPLETE AND SIGN:

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### Conflict of Interest and grantee commitment statements

- Does the requesting organization, governing board or individual have any relationship with Blue Cross and Blue Shield of Vermont?  Yes  No

If yes, please explain: \_\_\_\_\_

- Does the requesting governing board or individual receive compensation of any kind for their work with the applying organization?  Yes  No

If yes please explain: \_\_\_\_\_

### This grant is conditional upon your commitment that:

- The award will be publicized as appropriate with our prior approval.
- A brief report will be submitted no later than one month after completion of the program, describing the impacts of the program.
- The awarded funds shall be used exclusively for the purposes and projects set forth in the application.
- If the Grantee dissolves or becomes inactive, or the funded project lapses or is discontinued, the Grantee will notify Blue Cross and Blue Shield of Vermont.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BlueCross BlueShield  
of Vermont**

*An Independent Licensee of the Blue Cross and Blue Shield Association.*

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