



## Community Outreach Program Guidelines

Requests for AMERIND Risk Community Programs contributions must meet the following criteria.

- The project must address a demonstrated need in a Native American community in which AMERIND Risk has a presence;
- The project must provide an opportunity for Native Americans to learn about fire safety, home safety or improve and protect the lifestyles of Native Americans and their families.

All requests must be submitted using the Contribution application.

Please follow these guidelines when submitting a contribution request:

- Explain the project and how the community will benefit - describe the goals and activities of the organization or project on company letterhead.
- Provide a method of promoting AMERIND Risk during the event (e.g., banner, logo on a brochure, etc.)

Eligibility for standard contribution of \$250 for

- Housing fairs or activities;
- Safety fairs or activities; or
- Health & Wellness fairs or activities

Please keep in mind that AMERIND Risk does not contribute to:

- Pow-wows and/or rodeos
- Individual/Team requests
- Trip expenses
- Organizations that charge a fee or dues
- Lobbying organizations
- Political organizations

Additional Information:

If the named insured participates in only one AMERIND Risk program (i.e. IHBG, TGB or TWC), you may request a contribution for one event annually. If you participate in multiple programs, each calendar year you may submit as many requests that equal to the number of programs you participate in. For example, if you participate in all three programs, you may submit 3 requests each calendar year.

Please submit your request at least 30 days prior to your event. AMERIND Risk reserves the right to deny any request for any reason including late submittal.



## Community Outreach Contribution Application

### Requesting Organization

Named Insured

Mailing Address (where check will be mailed)

City / State / Zip Code

Tax Identification Number (attach IRS Form #W-9)

### Contact Information

Name

Title

Email Address

Phone Number

Fax Number

### About the Event

Event Title

Today's Date

Event Date

Projected Attendance

Type of Contribution Requested

AMERIND Risk Promise Volunteers  # of volunteers needed

Miscellaneous Branded Material  Quantity

Brochures on AMERIND Risk Programs (List quantity below)

NAHASDA

Native American Homeowners & Renters

Tribal Workers' Compensation

Tribal Governments & Business

Critical Infrastructure

Contribution for Housing, Safety, and Health Fairs (limit \$250)

Provide brief project description and community benefit

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How will you promote AMERIND Risk during your event?

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### Applicant Acknowledgement

By completing this application, you acknowledge and have met the criteria as outlined in the **AMERIND Risk Community Outreach Program Contribution Guidelines**.

Signature

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Printed Name

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Job Title

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Named Insured

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#### FOR AMERIND RISK USE ONLY

Date Received \_\_\_\_\_

Approved Amt \$ \_\_\_\_\_

C.O. Sponsorship

C.O. Community Program

Denied  Reason \_\_\_\_\_

Alternative \_\_\_\_\_

CEO Initial \_\_\_\_\_ Date \_\_\_\_\_