



Community Outreach Contribution Guidelines

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

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

All requests must be submitted using the Community Outreach 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 during the event (e.g., banner, logo on a brochure, etc.)

Eligibility for the standard contribution of \$250 for

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

Please keep in mind that AMERIND does not contribute to:

- Pow Wows
- 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 program (i.e. IHBG, TGB, or TWC), you may request a contribution for one event annually. If you participate in multiple programs, you may submit requests that equal the number of programs you participate in, for each calendar year. For example, if you participate in all three programs, you may submit three requests each calendar year.

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



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BusinessDevelopment@amerind.com

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 Promise Volunteers # of volunteers needed

Miscellaneous Branded Material Quantity

Brochures on AMERIND 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.

How will you promote AMERIND during your event?

Applicant Acknowledgement

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

Signature

Printed Name

Job Title

Named Insured

FOR AMERIND USE ONLY

Date Received _____

Approved Amt \$ _____ C.O. Sponsorship
C.O. Community Program

Denied Reason _____
Alternative _____

CEO Initial _____ Date _____