



Aflac believes we have a responsibility to give back to the communities where our corporate offices are located and the majority of our employees live and work - Columbus, GA, Omaha, NE, Albany, NY and Columbia, SC. Our corporate Community Giving Program strives to make charitable contributions in ways that make positive impacts in these areas.

## APPLICATION

**To be considered for an Aflac Community Giving contribution, organizations must meet the following requirements:**

- Organization is a qualified 501(c)(3)
- Organization/request benefits the Columbus, GA, Omaha, NE, Albany, NY or Columbia, SC area
- Request is not from an individual or private, secondary organization
- Request MUST be accompanied by a signed Aflac Community Giving application and all required documents listed below
- Organization has not received funds from Aflac within the last year
- Request must be in one of our focus areas, listed below

PLEASE NOTE: If approved, organizations will be required to report on how funding from Aflac was used. Failure to submit requested reporting information in a timely manner may affect future consideration. Aflac will supply organization with the necessary reporting form.

### Deadline to Submit

Decisions are made by a committee that meets quarterly, in February, May, August and November.

The deadline to submit a COMPLETE application for each quarter is as follows:

<u>Meeting</u>	<u>Submission Deadline</u>
February	January 2
May	April 1
August	July 1
November	October 1

*Applications received after the deadline will be submitted at the next quarterly meeting if event has not already occurred. If your request has a deadline, please submit form well enough in advance to allow proper time if additional information is needed and/or for donation processing if it is approved.*

Application Date:		Organization Website:	
Organization's Legal Name: (as shown on W9)			
Address:			
City:		State:	Zip Code:
Organization Telephone #:		Fax #:	
Executive Director: (or Top Executive) <small>(Please include prefix and title)</small>		Phone #:	
		Email Address:	
Main Contact(s) for this Proposal: <small>(Please include prefix and title)</small>		Phone #:	
		Email Address:	
Board President:		Phone #:	
		Email Address:	
<b>Aflac Focus Area request will address:</b>			
<input type="checkbox"/> Children & Youth		<input type="checkbox"/> Civic & Community	
<input type="checkbox"/> Environmental		<input type="checkbox"/> Minority	
<input type="checkbox"/> Health & Human Services		<input type="checkbox"/> Education	
<input type="checkbox"/> Arts & Culture			
<b>Type of request (check one):</b>			
<input type="checkbox"/> Endowment		<input type="checkbox"/> Program/Project	
<input type="checkbox"/> Event		<input type="checkbox"/> Gift In Kind	
<input type="checkbox"/> General Operating Support			

Area served by program/project/or event *	
<input type="checkbox"/> Columbus, GA area <input type="checkbox"/> Omaha, NE area	<input type="checkbox"/> Columbia, SC area <input type="checkbox"/> Albany, NY area

Is this request for an organization that is supported by United Way?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much is received from United Way and what % of organization's budget does that amount represent?  \$_____ received from UW representing _____% of organization's annual budget
--	--

Project/Program/Event Name:	
Proposal Summary - In 100 words or less, please summarize the purpose of this request in the space provided below.	

Date of Program/Project/Event:		Amount Requested:	\$
--------------------------------	--	-------------------	----

Total Budget for Program/Project/Event:	\$	List funding sources and amounts already secured.	
% of organization's Board of Directors that has donated to organization in last 12 mos.		Total amount donated to organization by its board members in last 12 mos.	\$

How will effectiveness of this program/project/event be measured?	
Will your request require creative from Aflac – ad, logo, etc.? Please include specifics here, including ad deadlines.	
List any business relationship your organization has with Aflac (Ex: supplemental insurance).*	

## Agreement

*I certify to the best of my knowledge that all information included in this proposal is correct. If a contribution is awarded to this organization, the proceeds of that contribution will be used as described in this application and not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.*

*I acknowledge that any application submitted that is incomplete is at risk of not being considered.*

*I acknowledge that location in the Columbus, GA, Omaha, NE, Albany, NY, or Columbia, SC, area does not guarantee approval of my request.*

\_\_\_\_\_  
Signature, Executive Director  
(or authorizing official on behalf of the organization)

\_\_\_\_\_  
Date

## **To Submit**

We strongly encourage all applications be submitted via email at [corporatephilanthropy@aflac.com](mailto:corporatephilanthropy@aflac.com).

## **Accompanying Documents**

The following must be included with each request:

- 501(c)(3) tax exempt status letter
- Financial Report of organization
- Listing of the organization's officers and board of directors
- Signed W-9 for organization
  
- Additional information concerning the organization and/or your request may also be attached if needed, but is not required

If mailed, send to:

Aflac  
ATTN: Community Giving Administrator/Social Purpose  
1932 Wynnton Road  
Columbus, GA 31999

If completed online, please save as PDF and email form along with all required documents to:

[corporatephilanthropy@aflac.com](mailto:corporatephilanthropy@aflac.com)

Feel free to contact us at [corporatephilanthropy@aflac.com](mailto:corporatephilanthropy@aflac.com) if you have questions or require assistance. We will respond as soon as possible.

\* Location of organization or event, business relationship with Aflac, or participation with organization by its employees or management does not automatically guarantee request approval