



2019 Women's Cooperative Blood Drive Grant Application

Application Deadline: November 30, 2018

Initiative

Once again, the AFR Women's Cooperative will be partnering with the Oklahoma Blood Institute (OBI) for our 2019 initiative. Blood Drive grants are available to those who host a blood drive on behalf of the Women's Cooperative. This grant opportunity is for your insurance agency, county or local organization to receive funds to help host a blood drive.

Awarded grants will now be credited to agent accounts or direct deposited in to county and local accounts. No checks will be dispersed. If you receive a grant you can expect to receive your funds on your January commission statement for agent accounts, or in your first quarter direct deposit for counties and locals.

Grant Recipient Responsibilities

- Submit Applications by November 30, 2018 to Bethany Harmon via e-mail.
- Your blood drive must take place prior to December 30, 2019.
- E-mail grant reporting form and photos by December 30, 2019.

Examples of Ways to Use Grant Funds

Be Creative! These funds can be used for advertisement, food for donors, location fee, and prizes for your blood drive.

Grant Guidelines

- Grant must be used by December 30, 2019.
- If you do not host a blood drive by the December 30, 2019 deadline, all funds must be returned to AFR.
- Provide blood drive date to bharmon@afrmic.com once it is established.

How to Host a Blood Drive

To reserve your blood drive with Oklahoma Blood Institute, please contact Kaycie Craig with OBI by e-mail at kcraig@obi.org or by phone at (405) 420-8429. Don't forget you can partner with an already existing blood drive in your community!

For More Information

If you have any questions or concerns regarding your blood drive, please contact Bethany Harmon at (405) 218-5531 or by email at bharmon@afrmic.com.



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BLOOD DRIVE HOST INFORMATION

Blood Drive Hosted By: **(Choose one & list exactly how your blood drive listed i.e. AFR Today)**

Agency # _____

County # _____

Local # _____

Grant payment will be credited to your agent account or direct deposited into county or local based on selection above.

CONTACT INFORMATION

Contact Name _____

Email _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

BLOOD DRIVE INFORMATION

Please give a brief summary of your plans for your 2019 blood drive: _____

How do you plan to use your grant funds at your 2019 blood drive? _____

Anticipated Month of Blood Drive _____

EMAIL COMPLETED APPLICATION TO BHARMON@AFRMIC.COM