

		SCH	OOL GRANT PROG	RAN	1		
**T	O BE COMPLETED BY I	BLOOD CENT	ER and REVIEWED BY SCHOO	OL FOR	ACCURAC	CY OF INFORMATION**	
SCHOOL NAME			SPONS GROUF				
SCHOOL MAILING ADDRESS (City, State, Zip)							
PRINCIPAL / APPROVING		NAME					
ADMINISTRATOR PRINTED NAME							
BLOOD DRIVE COORDINATOR CONTACT INFORMATION		NAME			TITLE		
		PHONE			EMAIL		
DRIVE DATE		UNITS			DRC		
NOTE: THE FOOI	O AND DRUG ADMINIST	RATION PRO	/IDES GUIDANCE GOVERNING	VOLUN	TEER BLO	OOD DONATION. FUNDS MUST BE	
			FOR PURPOSES THAT DO NOT				
DOCUMENT MAY CFR 606.121(c) (		UNITS OF BI	OOD, FINES AND OTHER PENA	ALITIES	FOR THE	BLOOD CENTER. FDA GUIDANCE: 21	
		Mississippi V	allev Regional Blood Center (M	(VRBC)	Life\$aving	gs Grant Program provides financial	
support to public	and private schools incl	uding high sc	hools, junior high, middle, and e	element	tary, as we	ell as accredited and/or licensed	
						as outlined in this application. A flat	
\$250 will be awarded per blood drive collecting a minimum of 20 units. An additional \$1 will be awarded per (1) unit collected. (e.g. \$250+ \$50 (50 collected units) = \$300). The educational institution must be the primary sponsor or co-sponsor for the blood drive, and must have							
	ruiters, coordinators or			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	co spons	or for the blood arrive, and must have	
						d distribution guidelines as stated	
						oth the blood drive coordinator (BDC)	
						lood drive to ensure intended use of re (event). If an application is denied,	
			t are not limited to, inability to				
						nd final approval are completed, funds	
						ed issue date, lost checks or a request	
	to change funding option after distribution of payment, will require a check cancellation fee of \$25. School should confirm 3 <sup>rd</sup> party checks are acceptable prior to original request and understand funds cannot be issued early to accommodate pre-payment. Issued checks will be						
	mailed to the school for further distribution to the appropriate payee. Cancelled blood drives must be re-scheduled to remain eligible.						
	<b>D ELIGIBILITY:</b> As note fications are listed below		s must be used as stated within	n the do	cument. A	Approved funding options and	
<u> </u>	CHOLARSHIP FUND(S)	Defined as a traditional scholarship for students to attend post-graduate studies.					
		Funds cannot go directly to the student recipient and must be transferred directly to					
						nt. Funds cannot be distributed as	
			blood donation or blood drive			ng the scholarship cannot be based on	
		opportunity to receive the scholarship. Money cannot be used solely for the benefit					
						nto a specified scholarship fund.	
CHARITABLE DONATION TO A NON-PR							
(Separate from school or drive sponsor		drives. Funds will be issued payable to the designated third-party non-profit organization. Funds may also be used to purchase supplies that support the					
						l be issued by the Blood Center and	
			payable to the third-party ven				
REIMBURSEMEN	T OF BLOOD DRIVE EX	PENSES	Funds <u>can</u> go directly to the sc expenses. However, funds mu			group to reimburse blood drive	
						ot go into a general school fund. If	
			total grant allocation amount e	exceeds	related b	lood drive expense(s) another	
						cess grant dollars must be forfeited. A	
						the application. After each blood ld be provided to the Blood Center.	
PAYMENT FOR E	DUCATIONAL EXPENSI	ES				or group. Funds will be granted to the	
	plies, Events and Equip		approved payee (third-party v	vendor)	in which	the supplies, events and/or	
						used for, but not limited to, payment	
						nt, technology, educational field trips, de hotel costs. Unused portions of the	
						chool's general fund. Funds must be	
			put towards an approved educ	cational	expense t	that benefits classroom curriculum	
						intent for funds must be provided	
			within the documented reques	st of fun	iu uesigna	tion on page two of this application.	

This page is to be completed by an official school representative and reviewed by the Blood Center for grant approval.

## FUND DISBURSEMENT TO BE COMPLETED BY SCHOOL:

- Fund disbursement must meet the criteria described on page 1 of this application.
- Questions regarding criteria, eligibility or payment may be directed to your Blood Center (MVRBC) representative.

Questions rogatium or or pulymont may be an occur to your brown of toprocontain or							
INTENDED DISTRIBUTIO	ON OF FUNDS	PAYABLE TO		AMOUNT TO BE DISTRIBUTED			
TRADITIONAL SCHOLARSHIP I	FUND			\$			
Please include description of sch	olarship eligibility.						
CHARITABLE DONATION TO N PROFIT ORGANIZATION	ON			\$			
Please include description of cha organization and/or third-party							
REIMBURSEMENT OF BLOOD I EXPENSES	DRIVE			\$			
Please include detailed list of exp blood drive. To include, pre-driv estimation and post-drive actual	e approval						
PAYMENT FOR EDUCATIONAL EXPENSES				\$			
Please include detailed descripti educational expenses. Where ap- include, pre-drive approval estin drive actual.	propriate, to		·				
NOTE: By signing the complete Program summary provided o		re agreeing to the terms and conditions lication.	outlined	l within the Life\$avings Grant			
PRINCIPAL NAME (Please print)			DATE				
SIGNATURE							
DRIVE COORDINATOR NAME (Please print)			DATE				
SIGNATURE							
RELEASE/WAIVER (Please check)	We grant permission to be quoted and/or photographed along with names and/or name of the school to be used in any written material for publication or media uses and understand the quote/photograph becomes property of the Mississippi Valley Regional Blood Center and/or the media.						
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DONOR RELATIONS CONSULTANT (DRC) CONTACT INFORMATION				
Name				
Email				
Phone Number				
Fax Number				

Questions regarding eligibility can be directed to your DRC or to Holly Yates, Associate Director, Donor Relations at 800.747.5401



MISSISSIPPI VALLEY REGIONAL BLOOD CENTER
CENTRAL ILLINOIS COMMUNITY BLOOD CENTER
COMMUNITY BLOOD SERVICES OF ILLINOIS