

## Delta Dental Gives Back Corporate Giving Policy

At Delta Dental of Arkansas, we believe it is important to give back to our community, not only by offering quality and affordable dental and vision insurance, but also by supporting programs that improve the quality of life in our state. Through financial support and community engagement, we support causes that will have the greatest impact in Arkansas.

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### Contribution Guidelines\*

In considering contributions, Delta Dental evaluates each application on its own merits. It considers the program in which the organization is engaged, the constituencies it serves, the services it offers, its accountability and its fund-raising practices. **In keeping with our corporate mission, we give preference to organizations and initiatives that focus on the improvement of oral health.**

Contributions are prioritized in two key areas: health and human enrichment and civic and community affairs.

- **Health and Human Enrichment**  
Delta Dental provides support to organizations working in the health and human services fields, including organizations serving children and families, seniors, low to moderate income individuals, minorities, disabled and at-risk individuals.
- **Civic and Community Affairs**  
Support is also provided to organizations that promote education, arts/recreation and community development, including economic development opportunities for local companies and civic groups. In this category, Delta Dental supports organizations whose goals are determined to best meet the needs of their local communities.

Delta Dental provides support to local projects or programs and careful consideration is given to each request. Special requests are reviewed on an individual basis. Each request is reviewed in terms of its general eligibility and conformity with Delta Dental's guidelines, the available funds, the amount needed to achieve the desired results and program priority.

Are you a charitable organization seeking funding? Please complete our Corporate Giving Request Form and return to [giving@deltadentalark.com](mailto:giving@deltadentalark.com) for consideration.

\*Delta Dental of Arkansas does not contribute funding to the following: individuals; organizations that discriminate by race, religion, color, creed, gender, age, or national origin; or political campaigns.



# Corporate Giving Request Form

To request funding from Delta Dental, please complete the following steps:

- Complete the form below.
- Attach supporting documentation about your organization/program for which you are hoping to obtain funding.
- Attach a copy of your organization's completed W-9.
- Send all of the above to giving@deltadental.com

Today's date: \_\_\_\_\_

Name of organization: \_\_\_\_\_ Organization Tax ID Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact title: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Contact email: \_\_\_\_\_

Event/program title: \_\_\_\_\_

Approximately how many people do you anticipate will participate in this program? \_\_\_\_\_

Total cost of program: \$ \_\_\_\_\_ Amount requested from Delta Dental: \$ \_\_\_\_\_

Are you seeking other sponsors?  Yes  No

If so, please list: \_\_\_\_\_

Program start date: \_\_\_\_\_ Program end date: \_\_\_\_\_

Does your organization/program benefit (please check all that apply):

Adults  Arts  Children  Community development  Education  Health and well-being

Low-income and/or at-risk individuals  Minorities  Other: \_\_\_\_\_

Please provide a brief description of your organization and program. Please also attach supporting documentation about your organization/program for which you are hoping to obtain funding.

Date funds are needed: \_\_\_\_\_

**NOTE: Delta Dental may choose to accept or deny any contribution request at any time.**

Thank you for your request. We will be in contact shortly after your request is submitted.

*Delta Dental of Arkansas*