

Vitalant CTC Program

Vitalant recognizes the community groups who support our life-saving mission here in Northeast Ohio.

Vitalant recognizes community support of our life-saving blood donation program. These guidelines must be followed when applying for the CTC Program. We encourage you to carefully read this before beginning to complete the required form. Our Recruitment Department is available to assist you and answer questions. Thank you for your continued support!

- School-sponsored organizations, clubs/activities or athletic teams and charitable not-for-profit organizations (subject to Vitalant approval).
- Mobiles and fixed site drives must reach the minimum number of donations for funds to be awarded.
- Donor Recruitment Representatives must be notified of your intent to set up a fixed site drive prior to donations, otherwise donations will not be included in the program.
- Fixed site drives are held for a two week period; if the minimum number of donations is not reached, funds will not be awarded.
- Applications must be officially signed by the organization designee.
- Approved applications must be submitted to your Vitalant Donor Recruitment Representative.
- An IRS Request for Taxpayer Identification Number and Certification (W-9) is required for every third party vendor receiving the funds.
- Funding is issued directly to the third party vendor.
- Funds must be used within six months of the drive or funds will be forfeited.

CTC Funding Levels

Donation Credits	Value Equipment Voucher/Fee Credit
15+	\$250 (fixed site only)
20-30 donations	\$300
31-40 donations	\$400
40+ donations	\$600

The following chart recognizes how each donation type is credited to a Grant, Scholarship, or Coaches that Care (CTC) blood drive.

Donation Type*	Credits
Whole Blood	1
Platelet (S,D,T)	1
2RBC	2
RBC + Plasma	2
Plasma	2

*Donation type will be determined by Vitalant staff.

Vitalant CTC APPLICATION

Organization Name: _____ Amount Awarded: _____

Contact Name: _____ Contact Number: _____

Email: _____

Purpose of Funding: _____

Check Payable to (Vendor Name): _____

Vendor Address: _____

Authorizing Signature: _____ Date: _____

NOTE: An Internal Revenue Service Form W-9, Request for Taxpayer Identification Number and Certification, is required for all third party vendors receiving funds.

Forward completed applications to your Vitalant Donor Recruitment Representative.

Internal Use Only:

Vitalant Approval: _____ Date: _____

Comments: _____

Please Note: All applications must be legible and completed in full or may result in forfeiture of funds. It is not the responsibility of Vitalant to complete the applications.