

**CALISTA EDUCATION AND CULTURE, INC.** 

5015 Business Park Blvd., Ste 3000, Anchorage, Alaska 99503 PH (907) 275-2800 FX (907) 275-2936

# BURIAL ASSISTANCE PROGRAM POLICY AND PROCEDURES

The Calista Education and Culture, Inc. (CECI) Burial Assistance Program is funded by donations and fundraising through CECI. CECI is an Alaska non-profit corporation, recognized by the IRS as a 501(c)(3) charitable organization and donors are eligible to receive tax deductible status on donations and gifts to CECI. The CECI Burial Assistance Program is subject to the availability of funding.

### Purpose

To provide assistance to immediate family members (mother, father, brother, sister, son or daughter) or a spouse making arrangements for the final resting place of a **deceased Calista Corporation voting shareholder or descendant of an original shareholder.** 

### Policy

The CECI Burial Assistance Program may provide a one-time amount <u>not to exceed \$500</u> to be used towards funeral home, transportation, or other related funeral expenses, of a **deceased Calista Corporation voting shareholder or descendant of an original shareholder.** 

#### Procedures

- 1. Applicant must be an immediate family member (mother, father, brother, sister, son or daughter) or a spouse of the **deceased Calista Corporation voting shareholder or descendant of an original shareholder** to be considered eligible to apply for Burial Assistance. If the deceased has no surviving immediate family members or spouse, a letter of confirmation must be provided, and will be reviewed on a case by case basis.
- 2. Applicant must complete and submit the following within 60 days after the date of death:
  - a) Burial Assistance Application
  - b) Death certificate <u>or</u> letter from a medical facility/funeral home with the name of the deceased and date of death
  - c) Invoice from the funeral home if requesting funds be sent directly to the funeral home

All applications must be signed, dated and complete in order to be processed. Incomplete applications will not be processed and rejected after the 60-day time period. The Burial Assistance Program is based on availability of funds.

- 3. If the Burial Assistance application is approved by CECI in its sole and absolute discretion, CECI will disperse funds as follows:
  - a) Directly to the funeral home, if the applicant requests the funding up to an amount <u>not to exceed \$500</u> to be dispersed to the funeral home <u>and</u> an invoice from the funeral home is included with the application;
  - b) If the applicant does not list the funeral home, directly to the applicant who requests and is approved for a one-time amount not to exceed \$500 for funeral service expenses, which may include:
    - Transportation costs for the deceased to the final resting place;
    - Transportation costs for immediate family members (mother, father, sister, brother, son, daughter) or spouse to attend funeral services for the deceased; <u>or</u>
    - Other expenses related to the funeral service, which may include: food for the funeral service, casket or clothing for the deceased, flower arrangements for the funeral service, clergy fees and final resting place fees.



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# BURIAL ASSISTANCE PROGRAM APPLICATION

Applicant must be an immediate family member (mother, father, brother, sister, son or daughter) or a spouse of a **deceased Calista Corporation voting shareholder or descendant of an original shareholder** to be considered eligible to apply for Burial Assistance. The Burial Assistance Program may provide a one-time amount <u>not to exceed</u> <u>\$500</u> to be used towards the funeral home, transportation, or other related funeral service expenses. The Burial Assistance application, documentation demonstrating proof of death, and a funeral home invoice, if applicable, must be submitted within 60 days after the date of death in order for an application to be considered complete.

Check

If approved, request payment be made to (circle one):

Funeral Home Applicant

If approved, request form of payment (circle one):

Applicant relation to deceased (circle one):

Gift Card

Mother Father Brother Sister Son Daughter Spouse

APPLICANT									
FIRST NAME	ME LAST NAME				EMAIL	EMAIL			
ADDRESS	CITY		STATE	ZIP	PHONE	PHONE		FAX	
DECEASED									
FIRST NAME		MI LAST NAME						BIRTHDATE	
ADDRESS				CITY		TE ZIP DATE O		OF DEATH	
SHAREHOLDER INFORMATION									
Descendants – Attach a Copy of All Required Birth Certificates									
FATHER NAME BIRTHDA'		ATE GRANDFATHER N		NAME BIRTHDATE		E GREAT-GRANDFATHER N		BIRTHDATE	
MOTHER NAME	BIRTHDATE	DATE GRANDMOTHER		NAME BIRTHDATE		E GREAT-GRANDMOTHER N		BIRTHDATE	
FUNERAL HOME									
FUNERAL HOME NAME				EMAIL					
ADDRESS		CITY		ZIP	PHONE	PHONE		FAX	

I understand and agree to all of the following:

□ I certify that all the information provided in this application is true and correct. Any false or misleading information will be grounds for immediate rejection of application.

□ I am an immediate family member (mother, father, brother, sister, son or daughter) or a spouse of the deceased.

□ I verify the deceased is a Calista Corporation voting shareholder or descendant of an original shareholder.

- □ I understand the Burial Assistance Application must be submitted within 60 days of the date of death and the application must be signed, dated and complete in order to be considered. Incomplete applications will not be processed and rejected after the 60-day time period.
- □ I understand if I am requesting a Gift Card as a form of payment, CECI will be held harmless and will not replace any lost, stolen or damaged gift card once released to the Applicant in accordance with the Burial Assistance Acknowledgement Form.

I authorize CECI to communicate with any person or entity as necessary as part of its review of this application.