



31 Sutton Avenue, Oxford, MA 01540 • (508) 987-1200

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## Donation Request Application

*(Submit request at least 30 days prior to event)*

Name of Organization Requesting Funding: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Funding Desired: \_\_\_\_\_

Mission of Organization (include a brief description of services provided): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested funds used for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Geographic Area Served: \_\_\_\_\_ Number of people served annually: \_\_\_\_\_

Name of Executive Director/President: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person (If different from above): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Tax ID or Tax Exempt Number: \_\_\_\_\_ Current 501(c)(3) status: Yes or No

What percentage of your total operating budget is spent on fundraising and administration: \_\_\_\_\_%

Check any that apply to the use of the requested funds:

\_\_\_\_\_ Assists in providing affordable housing to low- or moderate-income (LMI) individuals

\_\_\_\_\_ Provides community services to LMI individuals

\_\_\_\_\_ Provides economic development/job creation for LMI individuals or in LMI areas

\_\_\_\_\_ Revitalizes or stabilizes LMI areas

\_\_\_\_\_ Provides or promotes financial literacy

What percentage of the amount requested will be used to support LMI individuals or families? \_\_\_\_\_%

*For Branch/Dept. Manager use only:*

Date Received:	CRA: Y N	Customer: Y N	First Time Request: Y N	Manager:
Manager's Recommendation (if yes, amount and why):				