



Donation Request Application

Today's Date: _____

Organization Information:

Name

Address

Phone

Is this a 501c3 (Non Profit) organization? Yes No

Amount Requested \$ _____ **Date Needed:** _____

Specific Purpose: _____

For Foundation details and restrictions, please visit our website at www.capecodfivefoundation.org

Applicant / Contact Information:

Name

Title (if applicable)

Signature

E-Mail Address

If money is not used for purpose stated on this application, any grant money received must be returned to the Foundation.

Over please, continued on reverse...

Along with this application, please include:

- Organization's 501c3 IRS Determination Letter.
- Full financial statements for organization's most recently completed year.
- Budget for this project.
- Organizations Officers (i.e. Board of Trustees).
- A brief description of the organization, its goals, its mission & year founded.
Year organization founded _____
- Total funds raised from charitable donors in previous year, and number of donors.
\$ _____ # of donors _____
- Number of individuals served by the organizations programs in previous year.
of individuals served: _____
- Number of paid employees and volunteers.
paid employees _____ # volunteers _____
- Any additional information that may be useful to the Foundation.

Please either return this application, with supporting materials, to the address below or return it to the e-mail address below:

Mailing address: The Cape Cod Five Cents Savings Bank
Charitable Foundation Trust
P.O. Box 10
Orleans, MA 02653

E-Mail address: jpollock@capecodfive.com

For Foundation Use Only

Date Received: _____

Determination: _____

Date letter sent: _____

Foundation Giving Category: _____