



Charitable Fund Grant Application

Name of Organization: _____

Organization is 501(c)(3): Yes _____ No _____

Organization's mission statement: _____

Organization's focal points: _____

Year founded: _____ Tax ID #: _____

Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name of person requesting grant: _____

Relationship to organization: _____

Phone: _____ E-mail: _____





Other contact name: _____

Phone: _____ E-mail: _____

Name of the program or event for which you are seeking funding: _____

Date of event (if applicable): _____

Amount of request: _____

Other comments: _____

Signature: _____ Date: _____

Please return completed application by e-mail to UMCharitableFund@unionmutual.com or
Mail to: UM Charitable Fund, PO Box 158, Montpelier, VT 05602