



## 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](mailto:UMCharitableFund@unionmutual.com) or  
Mail to: UM Charitable Fund, PO Box 158, Montpelier, VT 05602