



VERMONT MUTUAL
INSURANCE GROUP

CHARITABLE GIVING FUND

GRANT APPLICATION

Organization name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Website _____

Executive Director Name _____

Phone _____ E-mail _____

Contact name _____

Phone _____ E-mail _____

Year founded _____

Annual operating budget _____ Tax ID number _____

Is the organization a 501(c)(3)? Yes ____ No ____

Number of full-time staff _____ Part-time or contract staff _____

Does the organization regularly utilize volunteers? Yes ____ No ____

If so, how many volunteer hours are accumulated per year? _____

Are there any Vermont Mutual Insurance Group employees volunteering for the organization? Yes ____ No ____

If so, please consider sharing their names (attach additional sheet, if necessary):

Employee _____

Organization's focal points (check all that apply):

Education ____ Youth ____ Basic needs ____ Health ____ Arts ____ Adult ____ Senior ____

Other community support (please specify): _____

Organization mission statement: _____

Name of program for which you are seeking funding: _____

Amount of funding you are requesting: _____

Signature _____ Date _____

Return via email to: VMCharitableGiving@VermontMutual.com or

Mail to: VM Charitable Giving Fund, PO Box 188, Montpelier, VT 05601-0188