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## CHARITABLE GIVING PROGRAM

### DONATION & SPONSORSHIP REQUEST APPLICATION

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The Mechanics Cooperative Bank Charitable Giving Program was established to support the local communities of Southeastern Massachusetts. We support non-profit organizations through charitable gifts, community sponsorships, volunteerism and donation of in-kind services. Our mission is to strengthen the community through enhancing opportunities for economic/job development, affordable housing, community sports programs and increasing the accessibility to the arts for all.

Please submit a completed Donation & Sponsorship Request Application along with:

- Request letter detailing the donation or event sponsorship
- Collateral advertising material for the organization or event
- Copy of the Organization's 501(c)(3) status determination from the IRS

For requests of \$2,500 or more, please also provide the following in addition to the information above:

- Current list of Board of Directors & most recent Annual Report
- Summary of why your project is needed in our community
- Brief history of your organization
- The organizations current programs and accomplishments

Additional information may be requested at the discretion of the Mechanics Cooperative Bank Charitable Giving Program Committee. Donation requests of \$2,500 or more are reviewed four times a year at our April, July, October and January Committee meetings.

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Please email, fax or mail the completed Donation & Sponsorship Request Application package as follows:

John P. McMahon,  
Vice President, Marketing  
Mechanics Cooperative Bank Charitable Giving Program  
P.O. Box 552  
Taunton, MA 02780  
Fax: (508) 676-5413  
Email: [donations@mechanics-coop.com](mailto:donations@mechanics-coop.com)

**\*\* Please note incomplete applications will not be considered for funding support. \*\***



As outlined in the proposal guidelines, the Mechanics Cooperative Bank Charitable Giving Program does not generally offer support to political organizations, individual schools, individuals, or organizations that are not classified as a 501(c)(3) non-profit by the Internal Revenue Service. Incomplete applications will not be considered for funding support.

Legal Name of Organization		Today's Date
Mailing Address		Website
City, State, Zip Code		E-Mail
Phone Number	Fax Number	Cell Phone Number
Name of Company's Chief Executive Officer, Executive Director or President		E-mail Address
Contact person for this application if different from person named above		Contact's E-mail Address
Contact's Phone Number	Contact's Fax Number	Contact's Cell Phone Number

Primary purpose and services your organization provides:

<u>Employees:</u>			<u>Population Served:</u>		
# Full-time	# Part-time	# Volunteers	Total Population	# Minority	# Female

Specific purpose for which funds are requested:

Specific purpose for which funds are requested:			Amount requested		
			\$		
Project budget, if applicable	Period of time during which funds will be spent				Organization's total budget
	From		To		
	\$		\$		

Does your organization receive support from the United Way or other federated funds? If so, please describe:

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**Community Reinvestment Act (CRA) Information:**

Date(s) of charitable contribution(s) provided by Mechanics Cooperative Bank:
Purpose/use of charitable contribution funds:
Does the program benefit the low-income population (\$37,200 or less annually)? <input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, what percentage of the population served is low income?
Does the program benefit the moderate-income population (\$59,520 or less annually)? <input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, what percentage of the population served is moderate-income?
Will the funds provided by Mechanics Cooperative Bank be used only to benefit the low-to-moderate income population? <input type="checkbox"/> YES <input type="checkbox"/> NO
Does your organization monitor and/or document the participants to ensure they meet the low-to-moderate income guidelines? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, how frequently does your organization document/update the information?
If your program does support the low-to-moderate income population please check all that apply: <input type="checkbox"/> Affordable Housing; included but not limited to creation of such housing, credit and homebuyer counseling and/or financial planning as it relates to home ownership. <input type="checkbox"/> Community Services; including but not limited to educational, job training, day care, health and social services. <input type="checkbox"/> Neighborhood revitalization.

Signature of CEO, Executive Director or President, indicating approval of this application

Date signed