



Charitable Giving Program Donation & Sponsorship Request Application

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.

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

Mechanics Cooperative Bank Charitable Giving Program
470 Myles Standish Boulevard
Taunton, MA 02780
Fax: 508-880-3928
Email: donations@mechanics-coop.com

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



Charitable Giving Program

Donation & Sponsorship Request Application

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:					
Employees:			Population Served:		
# Full-time	# Part-time	# Volunteers	Total Population	# Minority	# Female
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:					

Community Reinvestment Act (CRA) Information:

Date(s) of previous 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)?

☐ YES ☐ 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)?

☐ YES ☐ 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?

☐ YES ☐ NO

Does your organization monitor and/or document the participants to ensure they meet the low-to-moderate income guidelines?

☐ YES ☐ 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:

☐ 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.

☐ Community Services; including but not limited to educational, job training, day care, health and social services.

☐ Neighborhood revitalization.

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

Date signed

For Internal Use Only:

☐ CRA Eligible **Percentage:** ☐ 100% ☐ Partial _____

Comments: