

Donation Application Form

Tell Us About Your Organization

Organization Name: _____

Name and Title of Individual Completing Form: _____

Executive Director or Board President: _____

Address (Street/City/State/Zip): _____

Phone Number: _____ Fax Number: _____

Website Address: _____ Email Address: _____

Is the organization:

A 501(c)3 organization? Yes No (If no, OSV cannot consider request)

Sponsored by United Way? Yes No (If yes, what program?)

A local chapter of a national charity? Yes No (If yes, OSV may not consider request)

A customer of OSV? Yes No

Mission Statement of the Organization: _____

Organization's Activities Focus On:

- Healthcare and human service programs
- Education
- Job development
- Housing
- Programs for at-risk youth or low to moderate income individuals and families
- Performing arts and cultural activities

- Environmental and preservation programs
- Other _____

Geographic Region(s) Served:

- Chittenden County
- Lamoille County
- Orange County
- Washington County
- Windsor County
- Statewide (Vermont)
- Outside Vermont: _____

List any Office Systems of Vermont employees who volunteer for the organization:

Tell Us About The Requested Donation

Name and brief description of the program or project for which you are requesting funding:

Amount of Request: _____ Number of People Served: _____ Age Group (youth, seniors, etc.) Served: _____

Amount of Annual Budget: _____ % of Total Expense Used for Program Activities: _____ % of Donation Used to Directly Benefit Organization: _____

List other organizations with which you are collaborating on this program or project: _____

How will your organization measure success for this program or project? _____

How will OSV be recognized for this donation? _____

Key Dates:

Date of event/program: _____
Date by which funds need to be received: _____
Date by which artwork, logo or banner needs to be received: _____

Your application will not be considered without the following items:

- Copy of 501(c)3 classification from IRS
- List of Board of Directors or Trustees
- Projected budget for program or project, showing sources of funding and expenses

Signature

Date

Please return completed application to:

Mail:
Office Systems of Vermont
Attn: Donations
131 South Main Street
Barre, VT 05641
Phone: 800-479-3311