

# 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: \_\_\_\_\_

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### 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:

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## Tell Us About The Requested Donation

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

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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: \_\_\_\_\_

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

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How will OSV be recognized for this donation? \_\_\_\_\_

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**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