



# SJWC Employees' Community Fund, Inc.

## Application for Charitable Contribution

(Please type or print clearly)

Employee Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Name, address and Tax ID number of group or organization for which you are requesting funds:

Name of Organization: \_\_\_\_\_

Web Site (if available) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Is the organization exempt from tax under Internal Revenue Section 501(c)(3)?  Yes  No

Amount you are requesting: \_\_\_\_\_ \$ \_\_\_\_\_

**A) Please describe the purpose of the organization (how does it benefit the community?):** Please provide any supporting documentation or brochures that can help explain the organizations purpose.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B) How are you directly or indirectly involved in the group, organization or non-profit activity?**

Yourself

Family Member

Volunteer hours per YEAR  1 - 49  50 - 99  100+

Do you hold an office with the organization?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C) How will the funds be used? Please be specific in your response.**

One time purchase  Operating expense  Other  Do not know  FUNDS will be used LOCALLY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional information or comments may be attached to this application.**

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Phone number where you can be reached: \_\_\_\_\_

-----FOR OFFICE USE ONLY-----

Date Application Received \_\_\_\_\_ Date Application Considered \_\_\_\_\_ Ref. No. \_\_\_\_\_

Application - \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Amount Approved for Funding \_\_\_\_\_