



COMMUNITY GIVING APPLICATION

This completed application must be attached to a letter of request from the requesting organization or employee sponsor. In the letter please clearly state the following: 1) *The intended use of the grant*, 2) *Project/Program Goals*, and 3) *Your measure of success*. Please send letter of request and application to giving@greenmountainpower.com.

Contact Information

Date	
Name of Organization	
Address	
Name and Title of Contact Person	
Phone Number	
Employee Sponsor Name	

Funding Information

Project Name	
Grant Amount Requested	
Total Project Budget	
Is the organization a tax-exempt nonprofit? (Y/N)	
Is the organization Vermont-based? (Y/N)	
Will there be an opportunity for public acknowledgement or other benefits to GMP if a grant is approved? If so, please describe	
Is the organization funded by the United Way? (Y/N)	
- If so, state the most recent United Way award amount and date.	Amount: Date:

Purpose

Does the application fall into one of the following categories?	Yes/No
- Environmental Stewardship	
- Community Health and Safety	
- Education	
- Children's Programs	

GMP Employee Involvement (if applicable)

Describe the level of involvement of the GMP employee supporting this application.