



**VERMONT MUTUAL**  
INSURANCE GROUP

**CHARITABLE GIVING FUND**

**GRANT APPLICATION**

Organization name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

Executive Director Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Year founded \_\_\_\_\_ Annual operating budget \_\_\_\_\_ Tax ID number \_\_\_\_\_

Is the organization a 501(c)(3)? Yes \_\_\_ No \_\_\_ Number of full-time staff \_\_\_\_\_ Part-time staff \_\_\_\_\_

Does the organization regularly utilize volunteers? Yes \_\_\_ No \_\_\_

If so, how many volunteer hours are accumulated per year? \_\_\_\_\_

Are there any Vermont Mutual Insurance Group employees volunteering for the organization? Yes \_\_\_ No \_\_\_

If so, please consider sharing their names (attach additional sheet, if necessary):

Employee \_\_\_\_\_

Organization's focal points (check all that apply):

Education \_\_\_ Youth \_\_\_ Basic needs \_\_\_ Health \_\_\_ Arts \_\_\_ Adult \_\_\_ Senior \_\_\_\_\_

Other community support (please specify):

Organization mission statement:

Name of program for which you are seeking funding:

Amount of funding you are requesting: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Return via email to: VMCharitableGiving@VermontMutual.com or***

***Mail to: VM Charitable Giving Fund, PO Box 188, Montpelier, VT 05601-0188***