

Contribution/Grant Application

(Please use the Event Sponsorship application for all event-related requests)

DATE SUBMITTED: _____ DEADLINE OF PROJECT: _____

ORGANIZATION INFORMATION

Organization: _____

Executive Director (or comparable individual): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Telephone: _____ Email: _____

Organization Website: _____

Is your organization a 501(c)3 non-profit? _____ Tax ID Number: _____

Is your organization a United Way Member agency? _____

ORGANIZATION'S DESIGNATED REPRESENTATIVE WITH SIGNATORY AUTHORITY TO COMPLETE THE APPLICATION.

Please add your signature to the document using E-Sign technology or print, sign, and return the document electronically:

Name: _____ Title: _____

Signature: _____

AUTHORIZATION TO SHARE BANKING RELATIONSHIP INFORMATION WITH FOUNDATIONS

If your organization has a banking relationship with Rockland Trust, the Designated Representative by submitting this application authorizes and directs Rockland Trust to share with our affiliated charitable foundations any and all information regarding your organization's banking relationship with Rockland Trust.

PRINT AND SOCIAL MEDIA

Approval of the request includes permission for Rockland Trust to post information and photographs in print and on social media platforms. Photography waivers may be required.

PROPOSED PROGRAM OR PROJECT:

Amount of Request \$ _____ Total budget for this project/program \$ _____

Project/Program name: _____

Date the organization's Board approved the project and amount of money requested: _____

Briefly describe the mission, goals and objectives of your organization

Provide a brief summary of the program/project proposal

Who will be served and how will they benefit?

Describe the steps to implement this project, and the projected timeframe for implementation

Describe how the success of the project/program will be measured and evaluated

Market area and income segment served by the project/program

Status of contributions from other organizations, including approved \$, denials, and pending applications

Amount of United Way support received by organization and/or specifically for program/project, if applicable

BUDGET INFORMATION

Attach the program/project budget with itemized expenses

Percentage of funds allocated to administrative expenses:

What are the anticipated funding sources for the project/program

ROCKLAND TRUST RELATIONSHIP

PRIOR SUPPORT

If the organization has received funding from Rockland Trust or the separate charitable foundations affiliated with Rockland Trust in the last three years, please indicate the amount received and how the money was used

COLLEAGUE ENGAGEMENT

If a Rockland Trust colleague is involved with your organization, please list their name, degree of involvement, responsibility, and/or leadership role, and length of service

ACKNOWLEDGEMENT/PUBLICITY OPPORTUNITIES

Please describe all naming/publicity opportunities or other plans to acknowledge or generate visibility/awareness of the contribution, and any other benefits associated with the contribution

GENERAL

- Attach a copy of the IRS letter confirming organization's federal tax-exempt 501(c)3 status
- Attach the most recent fiscal year-end financial statement of the organization
- Current list of organization's leadership (as applicable, management, executive director and Board of Directors)

PLEASE SEND COMPLETED APPLICATION AND OTHER REQUIRED INFORMATION TO:

Jeanne Travers
Charitable Foundation Coordinator
Rockland Trust
288 Union Street
Rockland, MA 02370
Phone 781-982-6637
Jeanne.Travers@RocklandTrust.com

Please review Rockland Trust's Giving Guidelines at: www.RocklandTrust.com