



Community Contribution Program Application

CONTACT INFORMATION			
CONTACT NAME:	DATE M/D/YY:		
ORGANIZATION:			
ADDRESS:		CITY:	
PROVINCE/STATE:	POSTAL/ZIP CODE:	COUNTRY:	
TELEPHONE:	EMAIL:		
ORGANIZATION INFORMATION			
Is the organization registered as a non-profit or charitable organization? <input type="checkbox"/> Non-Profit <input type="checkbox"/> Charitable <input type="checkbox"/> None			
Is your organization registered as a 501(c)(3)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Briefly describe your organization, its goals, and purpose: <input type="checkbox"/> Attached			
FUNDING REQUEST			
Type of Request: <input type="checkbox"/> Funding <input type="checkbox"/> Employee Services/Expertise <input type="checkbox"/> Other (please specify):			
Describe the need for which you are requesting funds: <input type="checkbox"/> Attached			
Amount of funding requested: \$	What is your overall budget: \$	Amount raised to date: \$	
Describe other funding sources in place <input type="checkbox"/> Attached			
Has Mechdyne provided funding to your organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when?		For what purpose?	
If your request is for employee services or expertise, please describe your requirements: <input type="checkbox"/> Attached			
How does your request meet Mechdyne's funding criteria? <input type="checkbox"/> Attached			

Mechdyne will accept only one application per organization each calendar year. Funding decisions are made within 90 days of receiving your completed application. Due to the volume of applications we receive, Mechdyne will respond only to organizations approved for funding. You will be contacted by a member of our Community Contribution Committee.

If your application is approved for funding, Mechdyne may request that you provide a brief summary outlining how our contribution has helped benefit the community.