Mechdyne
ENABLING DISCOVERY

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? ☐ Non-Profit ☐ Charitable ☐ None

Is your organization registered as a 501(c)(3)? ☐ Yes ☐ No

Briefly describe your organization, its goals, and purpose: ☐ Attached

FUNDING REQUEST

Type of Request: ☐ Funding ☐ Employee Services/Expertise ☐ Other (please specify):

Describe the need for which you are requesting funds: ☐ Attached

Amount of funding requested: $	What is your overall budget: $	Amount raised to date: $

Describe other funding sources in place ☐ Attached

Has Mechdyne provided funding to your organization in the past ? ☐ Yes ☐ No

If yes, when?   For what purpose?

If your request is for employee services or expertise, please describe your requirements: ☐ Attached

How does your request meet Mechdyne's funding criteria? ☐ Attached

Mechdyne will accept only one application per organization each 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.