



CHARITABLE DONATIONS & COMMUNITY OUTREACH APPLICATION

(If more space is needed, please use additional pages.)

ORGANIZATION INFORMATION

Please note that a copy of your government-issued 501(c) tax-exempt form is required at time of application submission.

REQUESTING ORGANIZATION NAME WEBSITE ADDRESS

STREET ADDRESS CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT THAN ABOVE) CITY STATE ZIP

CONTACT NAME CONTACT TITLE

CONTACT EMAIL CONTACT PHONE

DOES YOUR ORGANIZATION HAVE A CURRENT RELATIONSHIP WITH ORNLFCU (circle one)? YES NO

HAS YOUR ORGANIZATION EVER RECEIVED SUPPORT FROM ORNL FCU IN THE PAST AND IF SO, WHEN AND WHAT PURPOSE?

Three horizontal lines for text input.

BREAKDOWN OF SPECIFIC COMMUNITIES, GEOGRAPHIC AREAS, AND AUDIENCES SERVED BY YOUR ORGANIZATION

Three horizontal lines for text input.

MISSION STATEMENT, COMMUNITY NEEDS BEING MET, AND SERVICES PROVIDED BY YOUR ORGANIZATION

Three horizontal lines for text input.



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REQUEST FOR SUPPORT DETAILS

PLEASE PROVIDE A BRIEF DESCRIPTION OF WHY YOU ARE SEEKING SUPPORT FROM ORNL FCU

Please submit any forms, event fliers, or additional documents describing your request for support with your application.

CORE COMMUNITY VALUES

What ORNL FCU Core Community Value does your request best reflect your organization’s purpose and request (check all that supply)?

- COMMUNITY IMPROVEMENT**
- FINANCIAL EDUCATION**
- S.T.E.M.** (science, technology, engineering, mathematics)

COUNTY WHICH DONATION WILL BENEFIT

If approved, which county within East Tennessee will benefit from ORNL FCU’s support (check all that apply)?

- | | | | |
|------------------------------------|------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> ANDERSON | <input type="checkbox"/> COCKE | <input type="checkbox"/> KNOX | <input type="checkbox"/> ROANE |
| <input type="checkbox"/> BLOUNT | <input type="checkbox"/> GRAINGER | <input type="checkbox"/> LOUDON | <input type="checkbox"/> SCOTT |
| <input type="checkbox"/> CAMPBELL | <input type="checkbox"/> HAMBLEN | <input type="checkbox"/> MONROE | <input type="checkbox"/> SEVIER |
| <input type="checkbox"/> CLAIBORNE | <input type="checkbox"/> JEFFERSON | <input type="checkbox"/> MORGAN | <input type="checkbox"/> UNION |
| <input type="checkbox"/> OTHER: | | | |

TYPE OF SUPPORT

What type of charitable or community support is your organization requesting? Check at least one box.

- Monetary** (please include amount desired) \$ _____
- Volunteer Resources** (please describe) _____

- Donation of Giveaways** (please describe) _____

- Other** (please describe) _____



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BENEFITS OF SUPPORT

Please describe how the county/community listed above will benefit if your request is approved.

HOW WILL ORNL FCU'S SUPPORT BE USED?

IS THERE A SPECIFIC GOAL?

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For certain requests, ORNL FCU may require progress reports. The reports will provide details toward the stated goal. This process will be used to evaluate future support requests.



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ADVERTISEMENT OPPORTUNITIES*

- Does your request include advertisement/marketing opportunities or recognition for ORNL FCU (circle one)? YES NO
- If yes, please describe (such as a banner, web ad, paper ad, etc.): _____
- Do you need creative, such as graphic design support of logos, ads, t-shirts, etc. (circle one)? YES NO
- If yes, please provide further instructions for submitting creative:
 - Due date: _____
 - Dimensions: _____
 - Color or B/W: _____
 - Other: _____

*ORNL FCU logos can be found at ornlfcu.com/branding.

BY SUBMITTING THIS APPLICATION AND SIGNING BELOW

- I acknowledge that I have read and understood ORNL Federal Credit Union’s Charitable Donations & Community Outreach Program Request Process and Approval Guidelines.
- I certify that the information I provided is complete and accurate to the best of my knowledge.
- I understand that requests are reviewed within 12 weeks of receipt.
- I understand that my request may not be approved and I will only be contacted if support is approved.
- I verify that my organization is a non-profit, local, civic, charitable, or economic organization and has 501(c)3 status under the IRS Code (tax-exempt).

PRINT NAME

TITLE

SIGNATURE

DATE

PROOF OF TAX EXEMPT STATUS

Along with this completed application, please send proof of 501(c)3 tax exempt form and any additional event fliers or details. Incomplete applications or applications submitted without a government-issued 501(c)3 tax-exempt form will not be accepted or approved.

Email all documents to outreach@ornlfcu.com.

All questions or comments regarding the Charitable Donations & Community Outreach Program at ORNL Federal Credit Union can be emailed to the Marketing Department at outreach@ornlfcu.com.