

**Town of Cape Elizabeth
Returnable Bottle Shed
Application – Request for Donation**

Application Deadline: 4:00 p.m. Friday, October 18, 2019

**Please return completed application and accompanying documents to:
Town of Cape Elizabeth Attn: Officer David Galvan
P.O. Box 6260 Cape Elizabeth, ME 04107
Questions: 767-3323 or david.galvan@capeelizabeth.org**

No more than one application per organization may be submitted.

Name of Organization: _____

Volunteer Coordinator Contact Information

Name: _____

Address: _____

Phone Number: _____

Email: _____

Amount Requested \$ _____

How many children benefit from the organization? _____

When was the organization established? _____

***What is the organization's tax identification number?** _____

Is the organization established with the CEHS Student Activity Account?

Yes No

What other fundraising events will the organization be sponsoring and when?

Is the organization funded by another source(s)? If so, what is the source(s) and what percentage of the budget is paid for by that source(s)?

Is the organization involved with the Cape Elizabeth School Department?
If so, in what way?

What specifically will the money be used for?

Person Responsible for Receiving Payment

(If the organization is established with the CEHS Student Activity Account, funds will be sent to the Student Activity Coordinator for deposit.)

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Email: _____

The person responsible for completing this application, please sign and date below.

Name and Title

Signature

Date

**On a separate sheet of paper, type a brief summary explaining the impact the organization has on the youth of Cape Elizabeth and the benefit receiving this money will have on the organization.

In order for the application to be deemed complete the following is required to be submitted prior to the deadline.

- Application
- **Summary
- *Tax Identification Number – See page 1.
- W-9

For Office Use:

_____ Date Application Received _____ Complete _____ Incomplete

_____ Summary

_____ Tax Identification Number

_____ W-9

