

Charitable Grant Request Application Preview

For review only. Please complete application using online form.

* Required

* This form will record your name, please fill your name.

Community Grant Application

The application period to apply for a community grant is **September 1 - December 31, 2022**.

Please read carefully before you begin:

You **must complete this application** to be considered for a grant. Please note that you will not be able to save your responses - ensure you have enough time to answer each question and submit your application once you begin. You are limited to 500 words or less on your responses.

After you submit your application, send required documentation (outlined below) to communitygrantsus@coloplast.com (<mailto:communitygrantsus@coloplast.com>) within **ONE BUSINESS DAY** of your application submission.

If you do not send the required supporting documentation listed below within one business day, your application will not be accepted.

We **require the following documents** to be sent to communitygrantsus@coloplast.com (<mailto:communitygrantsus@coloplast.com>):

- W9 tax form
- Verification of your organization's 501(c)(3) status
- List of your organization's Board of Directors
- List of your organization's executive/senior leadership
- Annual report OR documentation of the percentage of grants/donations going to your administrative expenses
- **OPTIONAL:** program descriptions or marketing materials for your organization

If you have a question about the application process, please email communitygrantsus@coloplast.com (<mailto:communitygrantsus@coloplast.com>) and include the word "**QUESTION**" in the subject line.

1. Is your organization a 501(c)(3) nonprofit entity? *

Yes

No

2. Are you able to submit documentation supporting your current status as a nonprofit? *

Yes

No

3. Is your organization affiliated with any of Coloplast customers from any business areas? *

Yes

No

4. If yes, please list affiliations:

Contact information

5. Applicant name *

6. Applicant email *

7. Applicant phone number *

8. Organization name and address *

Grant request

We will award a maximum amount of \$10k per grant.

9. Please enter the amount of funding requested by your organization:

*

10. What percentage of grants/donations go towards your administrative expenses? *

Organization mission and programming

11. Is your organization based out of Minneapolis? *

Yes

No

12. Are your organization's beneficiaries located in Minneapolis? *

Yes

No

13. Organization mission statement: *

14. Through our Community Grant program, Coloplast awards grants to organizations that focus on developing the next generation of healthcare professionals in underserved and underrepresented communities located across the Twin Cities. We will prioritize organizations that offer medical-specific or STEM-related programming to youth and/or adults.

Please provide a description of your organization and relevant programming along with how a Coloplast Community Grant would be used. Please include information about the people and/or communities you serve: *

500 words or less

15. Does your organization offer any volunteer opportunities? If so, what are they?

*

500 words or less

16. Does your organization provide any virtual learning or volunteer opportunities? If so, what are they? *

500 words or less

17. Please provide links to your organization's website and social media accounts: *

Documentation instructions

Please read instructions carefully:

All documents outlined below must be sent to communitygrantsus@coloplast.com (<mailto:communitygrantsus@coloplast.com>) within ONE business day of application submission.

Your subject line **must include**: Organization name, application submission date, your last name

If you do not email communitygrantsus@coloplast.com (<mailto:communitygrantsus@coloplast.com>) **within ONE business day** or if you do not include your organization's name, application submission date, and your last name in your subject line, **your application will not be accepted.**

18. The below documents are required, unless otherwise noted:

- ◆ W9 tax form
- ◆ Verification of your organization's 501(c)(3) status
- ◆ List of your organization's Board of Directors
- ◆ List of your organization's executive/senior leadership
- ◆ Annual report OR documentation of the percentage of grants/donations going to your administrative expenses
- ◆ OPTIONAL: program descriptions or marketing materials for your organization

Are you able to provide all required documents? *

Yes

No

Confirmation of submission

Submission of this grant request and the foregoing documentation **does not guarantee approval of the request**. Coloplast will only award grants upon approval by the Coloplast Community Grant Committee and after the grant agreement has been countersigned by Coloplast. We reserve the right to award less than the amount requested.

The undersigned affirms to the best of your knowledge and belief and after reasonable inquiry that the foregoing information is true and accurate and that this grant is not offered to induce use of, purchase of, or recommendation of Coloplast products by a healthcare professional. The undersigned also affirms that they are authorized to sign on behalf of the organization indicated above.

19. E-signature (type to confirm) *

20. Title *

21. Date *

Format: M/d/yyyy

22. Check the box below to verify you have or will send required documents to communitygrantsus@coloplast.com (<mailto:communitygrantsus@coloplast.com>) within ONE BUSINESS DAY of submitting this application. *

- I have emailed/I will email required documents to communitygrantsus@coloplast.com (<mailto:communitygrantsus@coloplast.com>)