EFCO

Community Grants Application

Quarterly Review Cycle | Community Involvement Committee

Thank you for your interest in partnering with EFCO. Please complete all sections of this application as thoroughly as possible. Incomplete applications may delay review. Applications are reviewed quarterly by EFCO's Community Involvement Committee.

1. Organization Information

Legal Organization Name:

Doing Business As (if applicable):

Federal Tax ID / EIN: **Year Founded:**

Mailing Address:

City: **State / ZIP:**

Organization Website:

Nonprofit Status (501(c)(3), (4), or (6)): **Community(ies) Served:**

2. Primary Contact

Contact Name: **Title:**

Phone: **Email:**

3. Eligibility Confirmation

Please confirm the following before proceeding:

☐ Our organization is a recognized 501(c)(3), 501(c)(4), or 501(c)(6) nonprofit.

☐ Our organization serves a community where EFCO operates.

☐ We can demonstrate a clear, measurable community benefit.

☐ This request is not for an individual, a political campaign, a capital campaign, a school-based sports team, or sectarian religious purposes.

Note: Faith-based organizations operating community programs (such as shelters or food pantries) remain eligible. Primary and secondary schools are eligible only for new or innovative programs supporting trades and workforce development.

4. Focus Area

Please select the primary focus area of your request:

- ☐ Education, including culture and the arts
- ☐ Health and human services
- ☐ Social service programs

5. Request Details

Amount Requested: _____ **Type of Support Requested:** _____

(Financial contribution, in-kind donation, and/or team member volunteer support)

Project or Program Description:

How will this request produce a measurable community benefit?

6. Organization Overview

Annual Operating Budget: _____ **Number of Staff / Volunteers:** _____

Prior Support from EFCO (if any), including approximate dates and amounts:

7. Required Attachments

Please attach the following with your application:

- ☐ Proof of tax-exempt status (IRS determination letter)
- ☐ Most recent annual financial statement or Form 990
- ☐ List of current board members
- ☐ Organization budget for the current fiscal year

8. Certification

I certify that the information provided in this application is accurate and complete to the best of my knowledge, and that I am authorized to submit this request on behalf of the organization named above.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Please submit completed applications and all attachments to EFCO's Community Involvement Committee. Applications are reviewed quarterly; you will be notified of the Committee's decision following the applicable review cycle.