

WASTE MANAGEMENT CHARITABLE CONTRIBUTION APPLICATION

Organizations requesting consideration for financial, in-kind service or donation request please fill out the necessary information. You may use as much space as needed to provide the requested information. Incomplete applications will be returned to sender.

CRITERIA

- 1. Submit request in writing on organization's letterhead to WM at least <u>30 days prior to</u> <u>date of event</u> and complete the application form below.
- 2. Any request must occur within WM's service area.
- 3. Representatives of the organization must be willing to discuss the charitable giving with the media, including press conferences, press releases, radio, etc.
- 4. Organization must be willing to publicize and acknowledge the donation from WM, including WM signage, putting an article in internal newsletters or any other internal communications with photos that include WM staff and recipients when applicable, radio, press releases, etc.
- 5. Organization must allow WM to use the organization's name, logo and images.
- 6. Letter to Mayor, Council Member(s) or members of the Board of Supervisors thanking WM for their assistance.
- 7. Representatives of the organization must come to public meetings to testify about WM being a good corporate community partner if requested.

ORGANIZATION INFORMATION

Does your organization have a 501(c)3 designation form? \Box Yes \Box No

Are funds for your organization used exclusively for public purposes? \Box Yes \Box No

Would any funding for this request:

- 1. Only benefit an individual \Box Yes \Box No
- 2 Help promote a particular faith? \Box Yes \Box No
- 3 Support any political candidates or lobbying organizations? □ Yes □ No

- 4 Support an organization with a limited constituency, such as fraternal, labor or veteran's groups □ Yes □ No
- 5 Support endowments or foundations \Box Yes \Box No
- 6 Support travel by groups or individuals \Box Yes \Box No
- 7 Support anti-business groups \Box Yes \Box No
- 8 Does your organization discriminate on the basis of race, color, religion, or gender?
 □ Yes □ No

If you responded yes to questions 1-8 and/or if your organization does not use funds received exclusively for public purposes, WM will not be able to provide funding for your organization. If no to questions 1-8, please continue to complete the application below.

CHARITABLE CONTRIBUTION APPLICATION

Name of Organization				Tax ID & Designation:			
Street Address							
City, State, Zip				Phone:			
Contact Name:				Contact Phone:			
Contact Title:	itle:			Contact Fax:			
Contact E-mail							
NAME OF EVENT:				EVENT DATE:			
TYPE OF CONTRIBTUION (Check below) ↓		Approximate number of event attendees:					
Charitable Contribution:			Requested Amount:		\$		
Donation:	Donation:						
In Kind Service	s (describe):						

Briefly provide the charity's background information including history and purpose:

If applicable, provide of names and professional affiliations of directors and trustees, mayor, council members, etc.

Is a WM employee involved with your organization? If yes, please provide his/her name.

PROGRAM/PROJECT INFORMATION

Explain the purpose and objectives of the program for which your organization is requesting:

Which of the following areas does your program address?

□ Environment □ Environmental Education □ Community □ Other (explain)

Provide the program/project's plan of action and time frame:

Describe how the project's success will be determined/measured:

Is there anything else you would like us to know as we review the application?

Signature of Requester

Organization

Date: _____

Applications are accepted at any time and reviewed in a timely manner by the Charitable Contribution Committee.

Applications funded in any one year are not assured of future funding. If renewed funding is desired, the organization should submit additional requests.

Send completed application to:

Lisa Hemenway Community Relations Manager Waste Management/Simi Valley Landfill & Recycling Center 2801 Madera Rd., Simi Valley, CA 93065 (805) 581-1746 � (805) 579-7482 fax � email: Lhemenway1@wm.com

	1						
Has WM supported in the past?	Yes	or	No	FOLLOW UP ITEMS			
Application Complete?	Yes	or	No	Received thank you letter	Yes	or	No
Approve or Deny				Letters to Political Leaders?	Yes	or	No
Donation Value	\$			Received Sponsorship public commitments (ie. press releases, media, advertising)?	Yes	or	No
Ad required?				Added organization to WM Community Support List?	Yes	or	No
Date				Consider future participation?	Yes	or	No

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