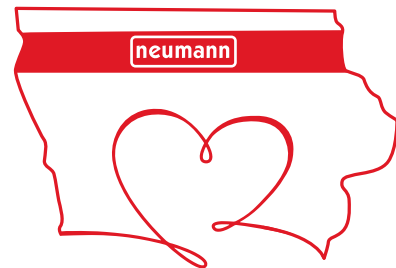


COMMUNITY CONTRIBUTION PROGRAM APPLICATION



CONTACT INFORMATION

Name (first and last): _____ Date: _____

Email: _____ Phone: _____

Organization Requesting Support: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Organization Email: _____ Organization Phone: _____

ORGANIZATION INFORMATION

Is the organization registered as a non-profit or charitable organization? Non-Profit Charitable None

Is the organization registered as a 501(c)(3)? Yes No

Briefly describe the organization, it's goals/purpose, and why we should support them: _____

TYPE OF REQUEST

Which category applies to your request:

First Responders / Military / Veterans Food Poverty / Hunger Housing / Homelessness

Has Neumann previously provided funding/services to the organization:

Yes* No Unknown

**if yes, include when and for what purpose in attached response*

FUNDING

Attach your response to the following:

- Describe the need for which you are requesting funds

Amount requested: \$ _____

Funding deadline: _____

EMPLOYEE SERVICES/EXPERTISE

Attach your responses to the following:

- Describe Neumann's contribution to your requested organization
- Describe the need for which you are requesting services/expertise

Requested Date(s) of Service: _____

OTHER

Attach your responses to the following:

- Describe Neumann's contribution to your requested organization
- Describe the need for your request

Amount requested: _____