



RECIPIENT

Name of Organization:
Contact Person:
Mailing Address:
Phone: Email:
Tax Status Tax ID #:

Internal Use Only
Recommendation:
Approved by:
CIC Chairman
CIC Rep.
Accounting Rep.

Please submit your most recent financial statement and/or current budget.

AMOUNT

Amount you are requesting from Newmont Mining Corporation \$
Total amount required for your organization/event \$
Have you received funding from Newmont in the past?
If so, how much and when?

OTHER DONATIONS

Have you approached other organizations for support? Yes No
How much has been given by other sponsors? \$
List your major contributors:
If you are a recipient of Newmont's Legacy Fund, how much did you receive this year?
Have you planned any additional fundraisers? Please list:

PURPOSE

What percentage of the money you raise goes toward administrative costs? %
Please classify your program below
Youth Arts and Culture Environment Recreation
Education Health and Welfare Civic Enhancement Underserved Populations
Other



Will this contribution provide any personal benefit to a government official? [] Yes [] No

How many people will benefit directly from your efforts? _____

If this request is for a specific event, list the dates of the event _____

Are any Newmont employees actively involved in your organization? [] Yes [] No

If yes, please list their names and functions within your organizations _____

What is the primary focus of your organization? _____

If other local organizations provide the same or similar services, please indicate how your program is unique:

How exactly will the funds you are applying for be used? (List local projects or economic benefits. Be specific.)

How will this project address local community needs? _____

How will you measure the success of your project? _____

I certify that the information above is correct and that the contribution, if approved, would be used solely as described above.

Signature: _____

Date: _____