



# Community Investment Program Application for Funding

External Relations

## RECIPIENT

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tax Status \_\_\_\_\_ Tax ID #: \_\_\_\_\_

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

## INVESTMENT TYPE

What percentage of the money you raise goes toward administrative costs? \_\_\_\_\_%

Please classify your program:

Underserved Populations

Youth

Arts and Culture

Environment

Recreation

Education

Health and Welfare

Civic Enhancement

Other \_\_\_\_\_

## PURPOSE

If request is for an event, list the date and name of the event. \_\_\_\_\_

How many people will benefit **directly** from your efforts? Please provide a specific number. \_\_\_\_\_

How exactly will the funds you are applying for be used? (Describe the event, or list local projects/economic benefits. Be specific.)  
\_\_\_\_\_  
\_\_\_\_\_

## AMOUNT

Amount you are requesting from Newmont Mining Corporation \$ \_\_\_\_\_

Total amount required for your organization/event \$ \_\_\_\_\_

Have you received funding from Newmont and/or Newmont's Legacy Fund in the past?  Yes  No

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: \_\_\_\_\_

<u>Internal Use Only</u>
Date received: _____
Recommendation: _____
Approved by: _____
_____ <i>CIC Chairman</i>
_____ <i>CIC Rep.</i>
_____ <i>Accounting Rep.</i>



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Have you planned any additional fundraisers? Please list: \_\_\_\_\_

\_\_\_\_\_

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

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

If yes, please list their names and functions within your organization. \_\_\_\_\_

\_\_\_\_\_

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 will this project address local community needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you measure the success of your project through set objectives and targets? If yes, would you be willing to share year end totals with Newmont? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which of Newmont's values is this project, event or organization most aligned? (<http://www.newmont.com/about-us/strategy/default.aspx>)

Safety  Integrity  Sustainability  Inclusion  Responsibility

Tell us how your organization aligns with this value: \_\_\_\_\_

\_\_\_\_\_

How will Newmont be recognized for investing in your project, event or organization?

\_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department	<b>THIS DOCUMENT IS UNCONTROLLED IN HARDCOPY FORMAT</b>		Doc Id: NA-NEV-COM-FORM-2416
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