

**Town of Cape Elizabeth
Returnable Bottle Shed
Application – Request for Donation**

Application Deadline: 4:00 p.m. Friday, October 21, 2016

**Please return completed application to:
Town of Cape Elizabeth Attn: Officer David Galvan
P.O. Box 6260 Cape Elizabeth, ME 04107
Questions: 767-3323 or david.galvan@capeelizabeth.org**

Name of Organization: _____

Volunteer Coordinator Contact Information

Name: _____

Address: _____

Phone Number: _____ Alternate Phone Number: _____

Email: _____

<p>Amount Requested \$ _____</p> <p>How many children benefit from the organization? _____</p> <p>When was the organization established? _____</p> <p>Did the organization previously volunteer at the bottle shed? YES NO</p> <p>If so, for how many years? _____</p>

What other fundraising events will the organization be sponsoring and when?

Is the organization funded by another source(s)? If so, what is the source(s) and what percentage of the budget is paid for by that source(s)?

Is the organization involved with the Cape Elizabeth School Department? If so, in what way? _____

What specifically will the money be used for? _____

Name and Title of Person Responsible for Receiving Payment:

Mailing Address: _____

Phone Number: _____ Alternate Phone Number: _____

Email: _____

The person responsible for completing this application, please sign and date below.

Signature

Date

On a separate sheet of paper **type** a brief summary explaining the history of your organization, the impact it has on the youth of Cape Elizabeth, and the benefit receiving this money will have on your organization.

For Office Use:

Date Application Received: _____

Date Payment Sent to Organization: _____