

SHARING SUCCESS PROGRAM APPLICATION

CoBank will accept up to three matching requests per customer. The minimum eligible contribution to each organization is \$1,000, and the total of all contributions may not exceed \$5,000.

Customer Information

Customer Organization Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Contact Phone _____ Email _____

Matching Grant Request #1 *(If submitting more than one matching grant request, please include page 2)*

Recipient Charitable Organization Name _____

Address _____

City _____ State _____ Zip _____

Select One:

- I have attached a copy of the designated charity's IRS 501(c)(3) tax exemption notification.
- The recipient organization is not a 501(c)(3) charity. Its TIN (taxpayer identification number), also referred to as an EIN (employer identification number) is _____

****Please note: grant requests for organizations that are not 501 (c)(3) charities are not guaranteed approval. Requests will be reviewed by CoBank to determine eligibility.***

Amount of Match Requested _____

Intended Use of Gift *(please describe the program or intended use of the contribution)* _____

I certify that this request meets all the conditions of the Sharing Success program and that a matching contribution has been made to the recipient organization.

Authorized Customer Signature _____

FOR COBANK USE ONLY

Customer Number _____ Banking Group _____

Relationship Manager Name _____

Relationship Manager Signature _____

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Matching Grant Request #2 *(If needed)*

Recipient Charitable Organization Name _____

Address _____

City _____ State _____ Zip _____

Select One:

- I have attached a copy of the designated charity's IRS 501(c)(3) tax exemption notification.
- The recipient organization is not a 501(c)(3) charity. Its TIN (taxpayer identification number), also referred to as an EIN (employer identification number) is _____

****Please note: grant requests for organizations that are not 501 (c)(3) charities are not guaranteed approval. Requests will be reviewed by CoBank to determine eligibility.***

Amount of Match Requested _____

Intended Use of Gift *(please describe the program or intended use of the contribution)* _____

Matching Grant Request #3 *(If needed)*

Recipient Charitable Organization Name _____

Address _____

City _____ State _____ Zip _____

Select One:

- I have attached a copy of the designated charity's IRS 501(c)(3) tax exemption notification.
- The recipient organization is not a 501(c)(3) charity. Its TIN (taxpayer identification number), also referred to as an EIN (employer identification number) is _____

****Please note: grant requests for organizations that are not 501 (c)(3) charities are not guaranteed approval. Requests will be reviewed by CoBank to determine eligibility.***

Amount of Match Requested _____

Intended Use of Gift *(please describe the program or intended use of the contribution)* _____

