

Community Investment Program Application for Funding

External Relations

|                               |                |                                  |                         |                                 |                                | Internal Use Only |
|-------------------------------|----------------|----------------------------------|-------------------------|---------------------------------|--------------------------------|-------------------|
| RECIPIENT                     |                |                                  |                         |                                 |                                | Date received:    |
| Name of Organiza              | ation:         |                                  |                         |                                 |                                | Recommendation:   |
|                               |                |                                  |                         |                                 |                                |                   |
| Mailing Address:              |                |                                  |                         |                                 |                                | Approved by:      |
|                               |                |                                  |                         |                                 |                                |                   |
|                               |                | Email:                           |                         |                                 |                                | CIC Chairperson   |
|                               |                |                                  |                         | Tax ID #:                       |                                | CIC Rep.          |
| Please submit                 | <u>your mo</u> | st recent financial s            | state                   | ement and/or current bud        | lget.                          | Accounting Rep.   |
| INVESTMENT TY                 | <u>'PE</u>     |                                  |                         |                                 |                                | Regional S&ER     |
| What percentage               | of the mo      | ney you raise goes tow           | ard a                   | administrative costs?           | %                              | Legal             |
| Please classify your request: |                |                                  | Underserved Populations |                                 | Business Integrity& Compliance |                   |
| Youth                         | 🗌 Cu           | ulture and Heritage              |                         | ] Environmental                 | Recrea                         | ation or Event    |
| Education                     | 🗌 He           | ealth and Wellbeing              |                         | ] Infrastructure/Civic          | Other _                        |                   |
| <u>PURPOSE</u>                |                |                                  |                         |                                 |                                |                   |
| If request is for an          | event, lis     | t the date and name of           | the e                   | event.                          |                                |                   |
| How many people               | will bene      | fit <b>directly</b> from your el | fforts                  | ? Please provide a specific n   | umber                          |                   |
| How exactly will th           | ne funds y     | ou are applying for be           | used                    | I? (Describe the event, or list | t local proje                  | cts/economic      |
| benefits. Be speci            | fic.)          |                                  |                         |                                 |                                |                   |
|                               |                |                                  |                         |                                 |                                |                   |
|                               |                |                                  |                         |                                 |                                |                   |
|                               |                |                                  |                         |                                 |                                |                   |
| AMOUNT                        |                |                                  |                         |                                 |                                |                   |
| Total amount requ             | uired for yo   | our event/funding requ           | est                     | \$                              |                                |                   |
| Amount you are re             | equesting      | from Newmont                     |                         | \$                              |                                |                   |
| OTHER DONATIO                 | <u>ONS</u>     |                                  |                         |                                 |                                |                   |
| Have you approad              | ched othe      | organizations for supp           | oort?                   | 🗌 Yes 🔲 No                      |                                |                   |
| How much has be               | en given l     | by other sponsors? \$_           |                         |                                 |                                |                   |
| List your major co            | ntributors     |                                  |                         |                                 |                                |                   |
| Department                    |                | THIS DOCUMENT IS                 | UNCO                    | NTROLLED IN HARDCOPY FORMAT     |                                |                   |
| CC&V External R               | Relations      | Date of This Issue: 3/1/20       | )20                     | Date of Next Review: 3/1/2023   |                                | Page 1 of 2       |

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| Have you planned any additional fundraisers? Please list:  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
| Will this contribution provide any personal benefit to a government official?  |  |  |  |  |  |  |  |  |  |
| Are any Newmont CC&V employees actively involved in your organization?   |  |  |  |  |  |  |  |  |  |
| 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 most aligned with?   |  |  |  |  |  |  |  |  |  |
| 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.

| Sigr | nature:                 | Date:                        |                               |             |  |  |
|------|-------------------------|------------------------------|-------------------------------|-------------|--|--|
|      | Department              | THIS DOCUMENT IS UNCONTROL   |                               |             |  |  |
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