

**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 request:

☐ Underserved Populations

☐ Youth

☐ Culture and Heritage

☐ Environmental

☐ Recreation or Event

☐ Education

☐ Health and Wellbeing

☐ Infrastructure/Civic

☐ 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**

Total amount required for your event/funding request \$ \_\_\_\_\_

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

**OTHER DONATIONS**

Have you approached other organizations for support? ☐ Yes ☐ No

How much has been given by other sponsors? \$ \_\_\_\_\_

List your major contributors: \_\_\_\_\_

| Internal Use Only                        |
|--|
| Date received: _____                     |
| Recommendation: _____                    |
| Approved by: _____                       |
| _____<br>CIC Chairperson                 |
| _____<br>CIC Rep.                        |
| _____<br>Accounting Rep.                 |
| _____<br>Regional S&ER                   |
| _____<br>Legal                           |
| _____<br>Business Integrity & Compliance |

## Community Investment Program Application for Funding

External Relations

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

\_\_\_\_\_

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

Are any Newmont CC&V 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 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.***

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

|                         |  |                               |             |
|-------------------------|--|-------------------------------|-------------|
| Department              | THIS DOCUMENT IS UNCONTROLLED IN HARDCOPY FORMAT |                               |             |
| CC&V External Relations | Date of This Issue: 3/1/2020                     | Date of Next Review: 3/1/2023 | Page 2 of 2 |