

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

**Application Deadline: 4:00 p.m. Friday, November 8, 2019**

**Please return completed application and accompanying documents 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](mailto:david.galvan@capeelizabeth.org)**

*No more than one application per organization may be submitted.*

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

**Volunteer Coordinator Contact Information**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

**Amount Requested**    \$ \_\_\_\_\_

**How many children benefit from the organization?**    \_\_\_\_\_

**When was the organization established?**    \_\_\_\_\_

**\*What is the organization's tax identification number?**    \_\_\_\_\_

**Is the organization established with the CEHS Student Activity Account?**

**Yes    No**

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?

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**Person Responsible for Receiving Payment**

*(If the organization is established with the CEHS Student Activity Account, funds will be sent to the Student Activity Coordinator for deposit.)*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

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

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**In order for the application to be deemed complete the following is required to be submitted prior to the deadline.**

- Application
- \*\*Summary
- \*Tax Identification Number – See page 1.
- W-9

For Office Use:

\_\_\_\_\_ Date Application Received    \_\_\_\_\_ Complete    \_\_\_\_\_ Incomplete

\_\_\_\_\_ Summary

\_\_\_\_\_ Tax Identification Number

\_\_\_\_\_ W-9

\*\* Use space below to type your summary: