Charitable Giving Program

Thank you for your interest in the Arthrex Charitable Giving Program. We give careful consideration to the many requests we receive. Please make sure your request aligns with our eligibility criteria as outlined in the Guidelines document.

Applications are accepted between July 1st – August 31st only. Organizations requesting funding may apply once per year. Written notification regarding the status of your grant request will be sent no later than December 31.

Please return the completed grant application, along with the required supporting documentation, by email to: CharitableGrants@arthrex.com. This email address may also be used should you need assistance when completing the application.

Important: Organizations receiving grants must be tax exempt 501(c)(3) Public Charities under the Internal Revenue Code.

Please Note: As of 1/1/23, we will no longer issue payments by check. Please make sure your organization is enrolled in the Fidelity EFT Program so that, if approved, funds can be sent electronically: Electronic Funds Transfer | Fidelity Charitable (https://www.fidelitycharitable.org/nonprofits/eft.html)

Name of Organization:	Phone Number:	Email Address:
Street Address:	City, State, ZIP:	Employer Identification Number (EIN):

1. **Background:** Please provide a brief history and description of the organization.

2. **Strategy:** Does your organization have a strategic plan? Which key objectives are you trying to accomplish in that plan?

3. **Purpose of Request:** Describe the specific program for which you seek funding and how the funds will be used.

(Please note the Committee does not support political parties, political advocacy, debt retirement or personnel expenses.)

4. **Funding Request:** What amount of funding is your organization requesting?

   (It is not typical for the Committee to be a sole funder of any program.)

5. **Total Fundraising Goal:** What is your total fundraising goal for this program?

6. **Sector Focus:** The Committee focuses on funding in the areas of Health & Wellness, Education, and Local Community. Is your request related to one or more of these focus areas? *(Please note the committee does not provide funding to individuals or support the building of venues for professional or amateur sports.)*

☐ Health & Wellness   ☐ Education   ☐ Local Community

7. **Geographic Focus:** The Committee is currently prioritizing causes in and around the following areas:

- Collier and surrounding counties (FL)
- Santa Barbara and surrounding counties (CA)
- Anderson County and surrounding counties (SC)

Does your request benefit people who reside in one of these counties? ☐ Yes   ☐ No

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8. **Impact:** Please provide a description of the population and the community that could benefit from this program.

9. **Obstacles:** What are the main obstacles standing between you and your mission, and how do you plan to overcome them?

10. **Effectiveness:** How do you measure and report on the effectiveness of your programs?

11. **Efficiency:** How well have you utilized your funding? Describe how efficiently you have fulfilled your goals of recent years in relationship to the amount of funds you have raised.

12. **Funding Sources:** Where does most of your funding come from – and what percentage of your budget is from private donations? What do private donations help you achieve that your other sources of funding don't cover?

13. **Your Board of Directors and Officers:** Please list your Board of Directors and Officers, including the number of years served:

14. **Annual Report:** Does your Organization issue an Annual Report? If so, is it available on your website?

Name:	Title:	Date:

Required Documents: Please submit your organization's IRS Determination Letter, W-9, and most recently filed Form 990 (Please note all documents are required prior to review by the Committee).

Additional Information is optional. Feel free to attach and/or send a document you believe would be helpful to the Committee's staff in reviewing and understanding your program.

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