

# Charitable Giving Program

Grant Application

Thank you for completing this LOI for charitable funding. If you need assistance or have any questions, please contact Suzanne Pahl-Boland at 800-933-7001 x76902 or [CharitableGrants@arthrex.com](mailto:CharitableGrants@arthrex.com).

Organizations requesting funding may apply once per year. The application window for submitting completed LOI applications is July 1 – August 31. You will receive written notification by mid-December regarding the status of your grant request.

Please return your completed grant applications, along with the required supporting documentation, to Suzanne Pahl-Boland at the email address listed above.

**Please Note: Organizations receiving grants must be tax exempt 501(c)(3) or 170(C)(1) under the Internal Revenue Code.**

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

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

2. **Strategy:** Does your organization have a strategic plan? What 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?



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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 Lee 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

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?



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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:

**Documents Required:** 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.

