Town of Herndon
Community Donation Program
Application for Community Donation Funding
(Requests of $250 or more)

SECTION 1: ORGANIZATION INFORMATION
Legal Organization Name:

DBA (if applicable):

Nonprofit Status: ☐ 501(c)(3) ☐ 501(c)(4) ☐ 501(c)(6)

Year Established:

Virginia SCC Address of Record:

Street:

City: State: ZIP:

Primary Contact Name & Title:

Phone:

Email:

Website:

Required Uploads: ☐ IRS Determination Letter Most recent IRS Form 990 or financial statement

SECTION 2: ORGANIZATION MISSION & SERVICE TO HERNDON (300 words max) Briefly describe your organization's mission, how it serves Town of Herndon residents, and how long it has served the Herndon community.

SECTION 3: PROPOSED PROGRAM / EVENT / SERVICE Name of Program / Event / Service:
Type: ☐ Event ☐ Program ☐ Service ☐ Initiative
Date(s):
Time(s):
Location(s):

Is this initiative recurring? ☐ Yes ☐ No Is this program or event free and open to the public? ☐ Yes ☐ No

Estimated Attendance or Participation: Geographic Reach: ☐ Primarily Herndon ☐ Regional

SECTION 4: COMMUNITY BENEFIT, INCLUSION & STRATEGIC ALIGNMENT (400 words max)
Describe the community benefit of this initiative, populations served, anticipated impact, and how it aligns with Town Strategic Plan priorities and the "Live Differently" brand.

SECTION 5: FINANCIAL INFORMATION & SUSTAINABILITY
Estimated Total Initiative Budget: $
Requested Town Donation: $
% of Budget Funded by Town:
Other Funding Sources (secured or pending):
Sustainability Summary (if recurring – 150 words max):
Required Upload:
☐ Detailed, itemized budget

SECTION 6: TOWN FACILITIES & SERVICES (COST RECOVERY)
Will Town facilities or services be required? ☐ Yes ☐ No
If yes, confirm:
☐ All Town facility and service costs are included in the proposed budget
☐ I understand Town facilities and services are provided on a cost-recovery basis, are subject to availability, and are not guaranteed.

SECTION 7: ECONOMIC IMPACT (IF APPLICABLE – 150 words max) Describe local business involvement and anticipated economic impact.

SECTION 8: CERTIFICATIONS By signing below, I certify that:

☐ This is the organization's only Community Donation application for the fiscal year
☐ All information provided is accurate and complete
☐ Funds will be used only as approved and reporting requirements will be met Authorized Signature:

Printed Name & Title:

Date:

SECTION 9: ATTACHMENTS CHECKLIST
☐ IRS Determination Letter
☐ Form 990 / financial statement
☐ Itemized budget
☐ Site plans (if event-based)
☐ Optional supporting materials