

MILLIKEN & COMPANY CHARITABLE FOUNDATION

2024 Community Gift Application Worksheet

This document provides a preview of the questions that will be asked within the application. Use this as a worksheet to complete questions before logging them into the system.

ORGANIZATION OVERVIEW AND CONTACT

Organization website:

Organization mission statement:*

Tell us a little more about your organization:*

Are you the main contact regarding this request?*

Yes/ No

Main Contact Information

- Name
- Title
- Email
- Phone number

Please include other organization representatives who should receive communications from the Foundation (include name, title, email):

MILLIKEN PARTNERSHIP HISTORY

Has your organization ever received a grant from Milliken & Company or the Milliken Foundation?*

Yes / No / I don't know

Has your organization ever received sponsorship dollars from Milliken & Company?*

Yes / No / I don't know

Please provide details on past gifts to the best of your knowledge, including years and amounts:

Do any company employees or retirees sit on your board or serve as active volunteers?*

Yes / No / I don't know

If so, please list them below to the best of your knowledge:

REQUEST

Amount requested (USD):*

Are you looking for flexible (unrestricted) or project-specific (restricted) funding?*

Restricted / Unrestricted

Note, applications for flexible versus project or initiative-specific grants are reviewed equally. A restricted request means you would earmark the funds for a specific project or initiative. An unrestricted request means you would use the funds at your discretion including for general operating expenses or to divide amongst multiple projects or initiatives as needed, and you could adjust your plans anytime.

If restricted, please detail the project or initiative below.

What percentage of your overall budget is operating expense vs. programmatic expense?*

Milliken*

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IMPACT

If awarded, will this grant impact a community where Milliken has a physical location?*

Yes / No / I don't know

Please include the geographic area(s) impacted (by city, state or county, state):*

The Milliken & Company Charitable Foundation has identified the following giving pillars to tie our grantmaking practices to our company values. Which of these does this request fall into?*

(Select all that apply)

LEADING WITH PURPOSE (Integrity, Excellence: the arts, economic development)

TOGETHER WE STRIVE (People: Diversity and Inclusion, economic inclusion)

A HEALTHY TOMORROW (Sustainability: Sustainability, health and wellness)

INSPIRED SOLUTIONS (Innovation: Education, STEAM)

How do you measure the impact of your organization and/or this program?*

How does your work support diversity, equity, and inclusion?*

ATTACHMENTS

- Please attach your Tax-ID form.*
- Feel free to attach any additional supporting documents to support your request.

*Indicates a question where a response is required.

ACKNOWLEDGEMENT

- If you should receive a 2024 Community Grant, we will require your official signature of acknowledgement for audit purposes.

Milliken*

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