



APPLICATION FOR FINANCIAL ASSISTANCE

Requests are reviewed on a quarterly basis. To ensure prompt consideration for the 2010 calendar year, please submit your application before 5:00 p.m. on December 30, 2009, March 30, 2010, June 30, 2010 and September 30, 2010.

The Foundation is only able to assist registered charities based in Bermuda. Please carefully review additional information about the Foundation at www.mre.bm/foundation to ensure your project fits within the Foundation's mandate for giving.

Applications may be submitted:

In person to:

Montpelier Re Foundation
94 Pitts Bay Road
Pembroke (we are located in the Waterfront Centre in a standalone building)

By Mail:

PO Box HM 2079
Hamilton, HM HX, Bermuda

By E-mail:

Jeannine Menzies, Corporate Affairs Manager
jeannine.menzies@montpelierre.bm

Checklist of documents to be submitted

Please submit **ONE** (unstapled/unbound) copy of your completed application form plus a single copy of the following documents (if applicable):

- ↗ Most recent financial statements (audited preferred for requests over \$25,000)
- ↗ Current operating budget
- ↗ Project budget (if applicable)
- ↗ Current list of Board of Directors, Trustees/Board of Governors (including their positions/titles)
- ↗ Current list of paid staff (including consultants)
- ↗ Certificates of accreditation if applicable
- ↗ Updates from use of previous year's funds donated by the Montpelier Re Foundation

Please do not include excessive materials that do not directly apply to your specific application to the Montpelier Re Foundation. Thank you.



2010 APPLICATION FOR FINANCIAL ASSISTANCE

Charity's Name:		Member of the Centre on Philanthropy?	No Yes
Registered Charity #:		Your Website Address:	www
Contact's Name:		Contact's Title:	
Telephone:	(441)-	Email Address:	
Street Address:		Mailing Address:	

BACKGROUND INFORMATION

Provide a brief explanation of the history/ mandate of your charitable organization:			
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Do you offer services similar to those offered by other Bermuda charities?	No Yes	<i>If yes, please list below:</i>
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Annual gift and grant revenue (indicate dollar amounts and percentage of total revenue)		
Government	\$	% (percentage of total revenue)
Individual	\$	% (percentage of total revenue)
Corporate	\$	% (percentage of total revenue)
Foundation	\$	% (percentage of total revenue)
Membership Fees	\$	% (percentage of total revenue)
Fees for service	\$	% (percentage of total revenue)
Fundraisers	\$	% (percentage of total revenue)
Other	\$	% (percentage of total revenue)
TOTAL	\$	100% (percentage of total revenue)

Provide figures from your most recent (audited) financial statements:		
Financial Year:	Annual earned revenue:	Annual Operating Expenses:



BACKGROUND INFORMATION CONTINUED

Please list previous grants received from Montpelier:		<i>Briefly explain how the grant was used (i.e. the specific project)</i>	
2002	\$		
2003	\$		
2004	\$		
2005	\$		
2006	\$		
2007	\$		
2008	\$		
2009	\$		
What is the evaluation process for your charity? Do you use any specific/formal method to measure your achievements?			
Has your charity received any type of accreditation?		No Yes	<i>If yes, please list in point form and attach the appropriate certificates</i>
Do any Montpelier employees participate as volunteers at your charity?		No Yes	<i>(If yes, please name the individual(s) and their positions)</i>
Number of paid staff:			Number of volunteer staff (including board members):
Number of board members:			Number of consultants currently engaged:
Does your charity employ or have a contract with a professional fundraiser?		No Yes	<i>(If yes, please name the individual (s):</i>



DETAILS ON YOUR REQUEST FOR FINANCIAL ASSISTANCE						
Type of Support Requested <i>(please tick a box)</i>	<i>Specific Project</i> <input type="checkbox"/>	<i>General Operating</i> <input type="checkbox"/>	<i>Capital Campaign</i> <input type="checkbox"/>	<i>Endowment Fund</i> <input type="checkbox"/>	<i>Other (Please list below)</i>	
Summary of your project/proposal: <i>The Foundation cannot support bricks and mortar projects)</i>						
What community need does project/proposal address?						
Expected goals/outcome of project?						
Number of people expected to benefit from this project:						
	Age Range of Beneficiaries:		From age:	to age:		
Requested Amount: <i>The Foundation will not provide multi-year pledges)</i>	\$					
Date grant required:				End date for grant:		
Have you approached other grant makers to support this project?	<input type="checkbox"/> <i>Government</i>	<input type="checkbox"/> <i>Individual</i>	<input type="checkbox"/> <i>Corporate</i>	<input type="checkbox"/> <i>Foundation</i>	<input type="checkbox"/> <i>Other</i>	
What are your charity's plans if total required funds cannot be raised for this project?						
Please explain the evaluation process for this proposal/project?						
	<i>(Please attach a copy of a previous evaluation completed by your organization, if available)</i>					