2019 Donation Application Guidelines

This form is exclusively for Applications for Donations. Please read the information and follow the guidelines carefully. (Latest update: July 2015)

Application Process

• Send Cover Letter and Application to our Administrative Assistant:
  o Subject Line: NPSNM Donation Application
  o E-mail address: nativeplantsnm@gmail.com

• If you do not receive an acknowledgement (by e-mail) that we have received your e-mail application, you should assume we did not receive it. Please immediately contact us for clarification.

• Paper applications will no longer be accepted.

• Cover Letter and Donation Application must be in Word Document (no PDFs).

• Maximum length of application
  o Not to exceed 3 pages
  o 12 pt. font
  o 1 inch margins
  o No supplementary documents will be considered.

• Deadline December 31, 2018

• Applicant should follow the layout on page 2.

Reports

Applicants receiving a donation are required to submit a report to the Society along with a short article (limited to 1000 words) for the NPSNM Newsletter describing how the funds were used within the structure of their organization. Please submit these articles to our newsletter editor Sarah our Administrative Coordinator at nativeplantsnm@gmail.com.
Native Plant Society of New Mexico Application for Donation

1. Name of Project:

2. Applicant Information (all notices will be sent to this person unless specified otherwise)
   a. Organization
   b. Name of person in charge of project
   c. Address
   d. Telephone
   e. Email

3. Donation Check Recipient
   a. Please provide the exact name of the individual or institution to which any donation check should be made payable.
   b. Before checks can be issued, sufficient identification information must be provided to meet IRS regulations

4. History: Describe when, why, and how your organization or program began.

5. Mission or Purpose statement:

6. Project methods: Describe what you propose to do, including:
   a. Length of time involved
   b. Anticipated date of completion
   c. Number of participants
   d. Staff involved
   e. Activities

7. Proposed Outcome: State the results you hope to accomplish.

8. Benefits: State the benefits to participants, the community, or other that will result from a donation.

9. Need Statement: Describe why a NPSNM donation is needed. Have you previously received a NPSNM donation?

10. Project cost: Please provide an itemized budget for the project, including other sources of income.

11. Amount of Donation Requested: $___________

12. Signature ____________________________________________

13. Date____________________