



# PROJECT FUNDING REQUEST FORM

## STORE AND NONPROFIT INSTRUCTIONS TO REQUEST A GRANT

### FOR TEAM DEPOT CAPTAIN ONLY

1. Conduct project site visit with your nonprofit partner.
2. Complete this Team Depot Project Funding Request Form. To save and send this document, download first and then enter information.
3. Once the form is complete, email completed Team Depot Project Request and Store Quote to your nonprofit partner.

### FOR NONPROFIT PARTNER ONLY

1. Ensure you have electronic versions of the following documents:
  - Team Depot Project Funding Request (Completed and provided by Team Depot Captain)
  - Store Quote (Provided by Team Depot Captain)
  - IRS Determination Letter, Federal 501(c), W9, or Form 990 - document must show 9-digit EIN Tax ID number for your specific organization (not a parent organization)
  - Proof of General Liability Insurance (Coverage of volunteer's safety on project site)
2. Using the Team Depot Project Funding Request and Store Quote, begin your application using the following link:

<https://corporate.homedepot.com/team-depot-project-application>

## STORE INFORMATION

Division: \_\_\_\_\_ Region: \_\_\_\_\_ District #: \_\_\_\_\_ Store #: \_\_\_\_\_

Store Manager: \_\_\_\_\_ District Manager: \_\_\_\_\_

Team Depot Store Captain: \_\_\_\_\_ Team Depot District Captain: \_\_\_\_\_

Team Depot Store Captain Phone #: \_\_\_\_\_ Team Depot District Captain Phone #: \_\_\_\_\_

Store Address: (mailing) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Requestor's name, position & store dept: \_\_\_\_\_

Team Depot Captain? Yes  No  Phone #: \_\_\_\_\_

Requestor's email address: \_\_\_\_\_

Requested funding amount \$ (attach store quote) \_\_\_\_\_



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## NONPROFIT PARTNER INFORMATION

Organization name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary nonprofit contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary nonprofit email address: (required) \_\_\_\_\_

Website: (if there is not an organizational website, state None) \_\_\_\_\_

Mailing address: Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Physical address ONLY - PO Box will not be accepted)

Nonprofit public relations contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

## PROJECT INFORMATION

Project title: \_\_\_\_\_

Project site street address: \_\_\_\_\_

Metro area: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Expected date of project: (be mindful it takes 4-6 weeks to review a request) \_\_\_\_\_

Project start time: \_\_\_\_\_ Project end time: \_\_\_\_\_

Will a prep day be needed? Yes  No  If yes, when? \_\_\_\_\_

Follow-up project date, if needed: \_\_\_\_\_

Will this be a district project? Yes  No  List stores involved: \_\_\_\_\_

Will this project directly benefit veterans? Yes  No  If yes, how many? \_\_\_\_\_

Which of the following best describes your project site? (check all that apply)

- Individual home (single-family detached)
- Movable dwelling (mobile home, etc.)
- VA Hospital
- A Veterans Memorial
- Permanent housing facility
- Semi-detached dwelling (multi-family, duplex, etc.)
- VFW/American Legion/DAV
- Transitional housing facility
- Other, please specify: \_\_\_\_\_

Total number of Home Depot volunteers: \_\_\_\_\_ How many Home Depot volunteers are veterans: \_\_\_\_\_

Total number community volunteers: \_\_\_\_\_ How many community volunteers are veterans: \_\_\_\_\_



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## NONPROFIT PARTNER INFORMATION

**HOW?** How did the store get involved in this project?

**WHO?** Please share some information about the recipient's background, and his/her story.

Please share some information about the veteran's military service.

Branch served: \_\_\_\_\_ Conflicts served: \_\_\_\_\_

Years served: \_\_\_\_\_ Other information: \_\_\_\_\_

**WHY?** What is the most significant impact this project will have on the recipient and why?

Which two tasks address the biggest needs for the recipient?

Task 1: (Needs addressed)

Task 2: (Needs addressed)

