



# Sun Life Financial U.S. Request for Funding

This form is to be used for funding requests for the members of the Sun Life Financial group of companies. Providing relevant information and answering all questions will assist us to more effectively consider your request.

1) Organization Name:		2) 501(c)(3) <input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Contact Name:		Phone:	4) Funded by the United Way? <input type="checkbox"/> Yes <input type="checkbox"/> No
5) Title:	Phone:	Fax:	
6) Address:	City:	State:	Zip:
7) Executive Director/ CEO:		Authorized Signature:	

8) How does your funding request link to Sun Life Financial's corporate giving priorities? (Please check the primary area that applies to your funding request).

<p><u>Primary Program Area</u></p> <p><input type="checkbox"/> Health (Select One)</p> <p><input type="checkbox"/> Innovative programs that focus on improving the health of communities; especially those that emphasize wellness and healthy lifestyles.</p> <p><input type="checkbox"/> Initiatives that are preventative in nature; actively moving from short-term remedies to long-term solutions.</p> <p><input type="checkbox"/> Initiatives that demonstrate the adaptation to new realities in our healthcare environment and proactively develop unique and effective ways to reduce individual reliance on health care systems.</p> <p><input type="checkbox"/> Programs that include health maintenance and health research.</p> <p><input type="checkbox"/> Medical initiatives with a national scope and impact.</p> <p><input type="checkbox"/> Research campaigns for major health concerns.</p>	<p><u>Secondary Program Areas</u></p> <p><input type="checkbox"/> Arts and Culture (Select One)</p> <p><input type="checkbox"/> Programs that make the arts more accessible to audiences of diverse economic means.</p> <p><input type="checkbox"/> Programs that enhance the cultural life of our communities, such as the performing or visual arts.</p> <p><input type="checkbox"/> Community Development (Select One)</p> <p><input type="checkbox"/> Leadership development programs.</p> <p><input type="checkbox"/> Scholarships or programs to benefit youth in the community.</p> <p><input type="checkbox"/> Programs to strengthen arts in the community.</p> <p><input type="checkbox"/> Diversity initiatives.</p>	<p><input type="checkbox"/> Education (Select One)</p> <p><input type="checkbox"/> Program dedicated to providing opportunity for today's youth.</p> <p><input type="checkbox"/> Degree-granting universities focused on programs dedicated to sciences – particularly health sciences, mathematics, technology and the liberal arts.</p> <p><u>Other</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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9) Total Funding Request: \$ \_\_\_\_\_

10) Funding Description: (A statement of your key objectives and details on how your funds will be used.)

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11) Detail funding sources and amounts, pending and committed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12) Detail plans to sustain project/program beyond the term of this request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13) Describe the community need for the types of services your organization provides.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14) What is your organization's geographic scope?

15) Scope

- Local
- State
- National

16) Clients served by your organization:  
(Please provide the percentage of each group participation; must equal 100%) \_\_\_\_\_% African-American  
\_\_\_\_\_ % Asian-American  
\_\_\_\_\_ % Hispanic/Latino

\_\_\_\_\_ % Native American  
\_\_\_\_\_ % Caucasian  
\_\_\_\_\_ % Other

17) Please provide any additional background information on the kind of work your organization does. Include information such as a brief history and purpose of your organization and its mission; previous activities and/or a list of officers and directors

18) Has your organization previously spoken to anyone at Sun Life Financial about this request? If so, whom?

19) Required Documents

(Funding requests without these documents will not be processed).

- IRS 501(c)(3) Tax Determination Letter
- Charitable registration number
- List of Board Members with organizational affiliations

Contact:

Title:

Date:

Phone:

Your Sun Life Financial contact is:

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Sun Life Financial  
SC 1214  
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