



**MOSAIC**  
restaurant

**COMMUNITY GIVE BACK PROGRAM APPLICATION**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Organization Website: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact/Coordinator: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Tax ID Number: \_\_\_\_\_

Date preferred for MOSAIC Restaurant Community Give Back: \_\_\_\_\_  
(if this date is unavailable, we will let you know ASAP)

Describe the program or project for which the organization seeks support:

The undersigned certifies that they are authorized to represent the organization applying for funding and that the information contained in this application is accurate. The undersigned agrees that if a contribution is awarded the funds will be used for the organization listed above.

Signature of Executive Director/Board Chair: \_\_\_\_\_ Date: \_\_\_\_\_

For Richmond events please email [richmond@mosaicedibles.com](mailto:richmond@mosaicedibles.com) or fax (804) 288-5920