



**Application for Charitable Contributions**

**Prior to completing this application form, refer to the application guidelines, available on our website [www.renre.com/community](http://www.renre.com/community).**

Please submit this application to:  
Renaissance Reinsurance Ltd.  
Attention: The Administrator for Charitable Contributions Committee,  
8-20 East Broadway, Pembroke, HM 19  
Telephone 295-4513 • Fax 296-0062 • E-mail [charities@renre.com](mailto:charities@renre.com)

**General Information**

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Registered Charity Number: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Member of Centre on Philanthropy? Yes No (*Please underline*)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Brief history and objectives of the organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mission/Purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Does your organization have similar services to other registered charities in Bermuda? If so, please list indicating which charity (charities): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. What is your organization's evaluation process? Do you use any specific method? \_\_\_\_\_

\_\_\_\_\_

3. Annual gift and grant revenue (indicate dollar amounts and percentage of total revenue):

Government: \_\_\_\_\_ Individual: \_\_\_\_\_ Corporate: \_\_\_\_\_  
Foundation: \_\_\_\_\_ Other: \_\_\_\_\_ Fees for service: \_\_\_\_\_

4. Please provide the following information from your most recent (audited) financial statements:

Financial Year \_\_\_\_\_

Annual earned revenue: \$ \_\_\_\_\_ Annual operating expenses: \$ \_\_\_\_\_

5. Does your organization employ or have a contract with a professional fundraiser(s)? Yes No  
(Please underline)  
If yes, please name the individual(s) \_\_\_\_\_

6. Number of paid staff: \_\_\_\_\_ Number of volunteer staff (including board members): \_\_\_\_\_

7. Has your organization received any type of accreditation? Yes No (Please underline)  
If yes, please explain briefly: \_\_\_\_\_

(Please attach copies of appropriate certificates)

**Specific Request**

Type of support requested: (Please underline one)

Specific Project    General Operating    Capital Campaign    Endowment Fund    Other

If other - please describe: \_\_\_\_\_

Brief summary of project/proposal: \_\_\_\_\_

(Please attach copy of full proposal if necessary, no more than two pages)

8. What community need does project/proposal address: \_\_\_\_\_

9. Expected outcome of project/program: \_\_\_\_\_

10. Approximate number of people to benefit from this project/program: \_\_\_\_\_

11. Describe services offered to this population: \_\_\_\_\_

12. Amount requested: \$ \_\_\_\_\_

13. Starting and ending dates for this grant: \_\_\_\_\_

14. Dates and amounts of previous Renaissance Reinsurance grants: \_\_\_\_\_

15. Have you approached other grant makers? Yes No (Please underline)  
If yes, please underline appropriate categories: Government Individual Corporate  
Foundation Other

17. What are your organization's plans if total required funds cannot be raised: \_\_\_\_\_

18. What will be the evaluation process for this proposal/project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please attach copy of a previous evaluation completed by your organization, if available)*

**Please submit the following with this application:**

- **Most recent financial statements (audited preferred for requests over \$20,000)**
- **Current operating budget**
- **Project budget (if applicable)**
- **Current list of Board of Directors (including their positions on Board)**
- **Current list of paid staff (including consultants)**