



One Dime at a Time Recipient Application

*About One Dime at a Time**

Whole Foods Market gives 10 cents per bag to customers who re-use their own shopping bags for their purchased groceries. This program reduces our impact on the environment and now supports local non profit groups. Customers will have the choice to accept their cash refund, or donate the cash back to the store's chosen non profit organization.

About the Application Process

Organizations will be selected for a set time frame (monthly, bi-monthly, quarterly: depending on store location) and will be notified at least six weeks prior to the start of their awarded month. Organizations can only be selected to participate once every 12 months.

Organizations are expected to promote the event through their web site, e-mail blasts and additional promotional vehicles as appropriate and must be a designated 501c3 non-profit organization to be considered for this program.

ORGANIZATION NAME

TODAY'S DATE

STREET ADDRESS, CITY, STATE, ZIP

CONTACT NAME

CONTACT PHONE #

CONTACT E-MAIL

501(c)3 NUMBER

One Dime at a Time Application (cont'd.)

Organization Mission Statement :

Describe how the money you receive will be used:

Please check one category that best describes the primary category your organization falls into:

- | | |
|---|--|
| <input type="checkbox"/> ENVIRONMENTAL PRESERVATION | <input type="checkbox"/> HUNGER RELIEF |
| <input type="checkbox"/> PREVENTATIVE HEALTH CARE | <input type="checkbox"/> ARTS |
| <input type="checkbox"/> NON-DENOMINATIONAL EDUCATION | <input type="checkbox"/> WELLNESS |
| <input type="checkbox"/> ORGANIC FARMING/SUSTAINABLE FOOD RESOURCES | |
| <input type="checkbox"/> OTHER: _____ | |

Please answer the following questions:

1)Has your group received a donation from Whole Foods Market in the past year:

YES NO

If yes, please answer the following questions:

- **Date of Donation:** _____
- **What did you receive:** _____
- **Which store provided the donation:**

2)Have you applied for *One Dime at a Time* at any other Whole Foods Market locations in the Midwest region? (Illinois, Indiana, Michigan, , Minnesota, Nebraska, Missouri, Ontario, Wisconsin):

___ YES

___ NO

3)If your organization is selected as a *One Dime at a Time* recipient, how will you promote it?

Please attach any relevant literature. Requests by phone are not accepted. Submit this form to the *one* store location closest to the community that your organization serves. Please do NOT turn in a donation request to multiple stores for consideration.

Each approved organization is restricted to one donation per year.

Please note: All donees must provide a written acknowledgement/receipt to Whole Foods Market within 30 days of receiving a donation, to include the following:

- The amount of cash and/or a description of any product Whole Foods Market contributed.
- Whether the donee organization provided any goods or services in consideration, in whole or in part, for any cash or other product contributed.

Complete form and mail or fax to:
Brian McElwain · Whole Foods Market Northalsted · 3640 N. Halsted St. · Chicago, IL 60613
Fax: 773-472-8340

APPLICATION CHECKLIST

___ **COPY OF 501(C)3 CERTIFICATE**

___ **MISSION STATEMENT**

Please note: a completed application is not an agreement to honor your request.