

NICKELS FOR NON-PROFITS APPLICATION

The Whole Foods Market Store Level Giving Program is dedicated to helping nonprofit organizations in our stores' local communities that have limited budgets and big hearts. Our giving program supports organizations that address community issues, such as: hunger relief, environmental concerns, organic and sustainable agriculture, animal rights and welfare and health and human services. Our focus is to support innovative groups that strive to make the world a better place. To us, a better place is one where the environment is preserved and replenished, communities are strong, health is a priority, organic farming is cherished, and where all living beings are respected.

The Whole Foods Market Giving Program does not provide monetary funding for religious organizations, public schools, large educational institutions or politically affiliated groups. However, there are opportunities for in-kind support for these groups with food donations.

The Whole Foods Market Giving Program typically does not provide any form of support, monetary or otherwise, to organizations with annual budgets exceeding \$1 million; organizations whose administrative costs, or overhead, exceed 15% of their budget; organizations that directly test on animals; organizations that discriminate in any form; or organizations who use harassment, intimidation or other "militant" actions to communicate their messages.

ABOUT OUR NICKELS FOR NON-PROFITS PROGRAM

Whole Foods Market gives a 5 cent bag credit to customers who bring their own reusable shopping bags or bulk containers. This program is designed to reduce our impact on the environment while supporting local non-profit groups. If customers choose to, they can donate their 5 cent bag credit to one of our local beneficiaries, which are rotated every 6 months. At the completion of the 6 month term, Whole Foods Market issues a check to the designated non-profit groups for the total amount raised for that term.

This program is primarily designed to bring attention and exposure to small, but meaningful organizations in our local communities. Through this program, selected organizations are provided with a platform for communicating their mission and contact information to our customers.

Applications are kept on file for one year, and organizations will be notified if they are selected for this program at least 6 weeks prior to the start date of the new cycle. The same organizations can only be selected to participate in the Nickels for Non-profits Program once every two years. To apply for our Nickels for Non-profits Program, please complete the application in full and attach your organizations 501(c)(3) form, Mission Statement, and a list of current programs.



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SECTION 1: ABOUT YOUR ORGANIZATION TODAY'S DATE

ORGANIZATION NAME

CHARITABLE NON-PROFIT 501 (C) 3 CERTIFICATE # (ATTACH COPY)

STREET ADDRESS

CITY

STATE

ZIP

CONTACT NAME

CONTACT TITLE

PHONE NUMBER

FAX NUMBER

EMAIL

DATE ORGANIZATION WAS ESTABLISHED

PLEASE CHECK ONE CATEGORY THAT BEST DESCRIBES THE PRIMARY SERVICE YOUR ORGANIZATION PROVIDES:

- ENVIRONMENTAL
- ANIMAL RIGHTS/WELFARE
- SOCIAL SERVICES
- OTHER (SPECIFY)

- HEALTH & WELLNESS
- HUNGER
- ORGANIC/SUSTAINABLE AGRICULTURE

DOES ANY PART OF YOUR ORGANIZATION SUPPORT OR CONDUCT, DIRECTLY OR INDIRECTLY, ANIMAL TESTING? YES NO

ARE YOU PART OF A LARGER ORGANIZATION OR DOES YOUR GROUP RECEIVE FUNDING FROM A LARGE ORGANIZATION? YES NO IF YES, WHO?

SECTION 2: YOUR BUDGET

WHERE DOES YOUR GROUP GET FUNDING?

WHAT IS THE OVERALL ANNUAL BUDGET FOR YOUR ORGANIZATION?

WHAT PERCENTAGE OF YOUR GROUP'S BUDGET WENT TO OVERHEAD IN THE LAST FISCAL YEAR?

WHAT PERCENTAGE OF YOUR GROUP'S BUDGET WILL GO TO OVERHEAD IN THE CURRENT FISCAL YEAR?

WHAT PERCENTAGE OF THIS DONATION WILL DIRECTLY SUPPORT YOUR ORGANIZATION'S CAUSE?

SECTION 3: ABOUT YOUR REQUEST

ORGANIZATION NAME

HAVE YOU SUBMITTED THIS REQUEST TO ANY OTHER WHOLE FOODS MARKET STORE?
 YES NO IF YES, WHEN? WHICH STORE(S)?

HAS YOUR GROUP EVER RECEIVED A NICKELS FOR NON-PROFITS DONATION FROM ANY OTHER WHOLE FOODS MARKET STORE?
 YES NO IF YES, WHEN? WHICH STORE(S)?

HAS YOUR GROUP EVER RECEIVED SUPPORT OR FUNDS FROM ANY OTHER WHOLE FOODS MARKET STORE?
 YES NO IF YES, WHEN? WHICH STORE(S)?

WHY DO YOU WANT TO PARTNER WITH WHOLE FOODS MARKET?

If your organization is chosen to participate, promotion is important, so please assist us in getting the word out. If you have a newsletter or hold regular community meetings, be sure to mention this creative way of raising money for your organization and promoting the environmentally responsible method of reusing shopping bags or using reusable shopping bags.

Please return your completed application to the Marketing Team Leader or to the Manager on Duty. Incomplete applications will not be considered. You will be notified if your organization is selected.

NOTE: A COMPLETED APPLICATION IS NOT AN AGREEMENT TO HONOR YOUR REQUEST.

