

**Philanthropic Policy
of
Maserculiq Incorporated**

Policy Statement

The Maserculiq, Inc. Board of Directors believes that the corporation has a general responsibility to contribute to the welfare of their current and future shareholders. The board also recognizes the ultimate responsibilities of serving as stewards of corporate assets to the owners of the corporation, the shareholders of Maserculiq, Inc. After careful consideration of the monetary needs of the shareholders, as well as stakeholders of the corporation, we have adopted this policy.

Any person, organization, association, public or private must fulfill the following responsibilities before soliciting a contribution from the corporation:

1. Submit an application at least thirty days and a maximum of 90 days prior to the need in the form of a board approved application.
2. The application must be accompanied by a letter stating the intent and the purpose of seeking the donation.

The Board of Directors shall evaluate the application based on the following criteria:

- Does the intent agree with the mission, goals, and objectives of Maserculiq, Inc.?
- Is the application complete?
- Did the applicant look for other funding sources prior to the submission of the application?
- Is there a stated community benefit to meet the needs of all shareholders?
- Any other criteria established by board members.

Maserculiq, Inc.
PO Box 90
Marshall, AK 99585
(907)679-6512

APPLICATION FOR FINANCIAL SUPPORT,
CORPORATE CONTRIBUTIONS OR DONATIONS

Date: _____
Name of Organization: _____
Address: _____
Phone #: _____ Fax: _____

Section 501 C (3) certified? Yes No
If yes, please provide a copy of a certificate.

Contact Person: _____ Telephone #: _____

Purpose of application. How is the money going to be expended? (Please provide a narrative to include who is going to benefit and how. Also a budget if possible.)

Use additional sheets of paper if needed.

Amount requested and/or total value: \$ _____

Other sources you have solicited:

Name of Organization: _____
Address: _____
City, State, and ZIP _____
Contact Person: _____
Telephone Number: _____

Name of Organization: _____
Address: _____
City, State, and ZIP _____
Contact Person: _____
Telephone Number: _____

Name of Organization: _____
Address: _____
City, State, and ZIP _____
Contact Person: _____
Telephone Number: _____

Please describe how Maserculiq, Inc. may benefit as the result of awarding you and your organization a portion of all your requested contribution _____

Signature _____ Date _____

BOARD USE ONLY

Date Received _____

Board Action: Approve _____ Disapprove _____

Resubmit with more information.
