Eversource's Matching Grants Program provides employees and retirees with the opportunity to have their donations to eligible nonprofit organizations matched by the company.

Employees, directors, retirees and trustees may contribute to as many eligible non-profit and not for profit organizations as desired each year within the minimum and maximum dollar limits noted below.

Matching Grant requests will be processed quarterly throughout the year with an annual deadline of December 1. Personal contributions must actually be paid, not merely pledged, and may be unrestricted or designated for a specific use by the donor. Contributions may be paid in either cash or in securities of stated value. The matching value of the securities will be determined by the closing price per share on the day of receipt by the organization or institution.

Calendar Year Gift Amount
- Minimum gift – $100
- Maximum gift – $2,500 ($3,500 for directors and above)
- Maximum cap – $10,000 for any recipient organization in any calendar year

Who Can Participate?
- All full-time employees of Eversource
- Eversource trustees
- All Eversource company retirees
- All part-time employees of Eversource, who work a minimum of 20 hours per week

Qualifying Organizations
To qualify for a Matching Grant, the organization needs to be a United States non-profit with a 501(c)(3) designation from the Internal Revenue Service, or a not-for-profit organization such as public schools. Qualifying educational institutions need to be: located in the United States or one of its possessions; accredited; recognized by the Internal Revenue Service as tax-exempt; and recognized as an organization to which contributions are deductible by the donor for federal income tax purposes.

Examples of Qualifying Organizations
- Arts and Heritage
- Economic and Community Development
- Education and Workforce Development
- Environmental / Energy Efficiency
- Food & Fuel Bank/Shelter
- Social & Health Services
- Public Safety
- Four- year colleges or universities
- Two- year colleges or universities

What Organizations or Activities Do Not Qualify?
- Projects benefiting restricted groups (fraternal, politics).
- Religious groups (exclusive of social service activities).
- Group collections; or gifts made, in whole or in part, with funds received from other people. This includes funds raised in walkathons and similar fundraising events. Only a donor’s personal contribution can be matched.
- Team pledges.
- Matching Gift funds may not be used to provide any direct or indirect financial benefit to the donor, donor’s family members or any person with whom the donor shares a close personal relationship.

How to Apply?
To apply for a Matching Grant, donors need to complete Part 1 of the application. Please include your signature certifying that your gift complies with the program requirements. Please mail the entire application along with your personal contribution, to the recipient organization or institution of your choice that meets the criteria listed on the guidelines. One application is needed per donation. Proof of contribution is required from recipient organization.

Upon receipt, the recipient organization will verify the type of contribution by completing Part 2 and returning the entire application with proof of donation to NU Corporate Relations using the address listed on the Recipient Form.

When Corporate Communications receives and verifies the donation, a matching gift will be prepared and forwarded to the recipient organization. Employees, directors, retirees and trustees will be notified of the matching gift by mail.
PART 1 - Donor Form

Must be completed in print and signed by the donor. Please mail the entire application with your gift to the recipient institution. The donor is required to complete Part 2 and return the entire application to Corporate Communications using the address listed on the Recipient Form. Please use one application per donation.

Please check one:

- Employee
- Director and above
- Trustee
- Retiree

(Company retired from and position title at retirement)

First Name ____________________________
Middle ____________________________
Last ____________________________
Home Address ____________________________
City/Town ____________________________
State ___________  Zip Code _____________________
Home Telephone Number (          ) –

ACTIVE EMPLOYEES ONLY:

Department ____________________________
Job Title ____________________________
Work Telephone Number (          ) –
Work Email Address: ____________________________
Name of Organization/Institution ____________________________
Type ______________________________________
Value of Gift ____________________________

(Donor Signature) ____________________________ Date ______________

The donor’s signature authorizes the organization or institution to report your gift to the company and request a matching contribution. It also confirms the gift listed above is a bona fide transfer of funds or securities belonging to the donor in the amount and form indicated, and that it meets the eligibility criteria described in the application.

Please return completed form, along with proof of donation to:

Eversource
P.O. Box 270
Hartford CT 06141-0270
Voicemail: 888-682-4639

PART 2 – Recipient Organization or Institution Form

The application must be completed in print by the recipient organization or institution. Please mail the entire application along with proof of donation to the address listed below. The proof of donation required for audit purposes can be in the form of a check or a receipt of the donation.

Name of Organization/Institution ____________________________
Tax Exempt ID ____________________________
Type of Organization ____________________________
(see examples on the application)
Street Address ______________________________________
City/Town ______________________________________
State ___________  Zip Code _____________________
Telephone Number (          ) –
Name of Donor ____________________________
Amount of Cash Gift ____________________________
Date Gift Received ____________________________
Gift Designation ____________________________
Name of Security ____________________________
No. of Shares _________
Closing Price per Share for Securities on day of Received ____________________________
Signature of Certifying Officer or Authorized Representative ____________________________
Name (Please print or type) ____________________________
Title ____________________________ Date ______________

The authorized signature certifies the receipt of the gift described herein, the validity of the donor’s signature, the eligibility, of this organization or institution and that the use of the donation is for the purpose stated in the application.

It further certifies the gift is a bona fide transfer of funds or securities from the donor for which this organization or institution has not previously applied for matching funds and that no goods or services will be provided in consideration of this matching gift. The proof of donation required for audit purposes can be in the form of a check or a receipt of the donation.