



APPOINTED

*Appointed Gives Back | Application Form*  
*Application Due Date: May 4, 2018*

\_\_\_\_\_  
FULL LEGAL ORGANIZATION NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
WEBSITE

\_\_\_\_\_  
SOCIAL MEDIA LINKS

\_\_\_\_\_  
PRESIDENT/ EXEC. DIRECTOR

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
CONTACT PERSON (IF DIFFERENT)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHONE NUMBER

501(C)(3)? (APPLICANTS MUST BE A REGISTERED 501(C)3 ORGANIZATION TO BE ELIGIBLE).  YES  NO

\_\_\_\_\_  
EIN#

\_\_\_\_\_  
YEAR ESTABLISHED

\_\_\_\_\_  
TOTAL NUMBER OF FT STAFF

\_\_\_\_\_  
TOTAL ORGANIZATION BUDGET

\$

\_\_\_\_\_  
TOTAL NUMBER OF PT STAFF

\_\_\_\_\_  
FISCAL YEAR

\_\_\_\_\_  
TOTAL NUMBER OF VOLUNTEERS

\_\_\_\_\_  
TOTAL NUMBER OF BOARD MEMBERS

ORGANIZATIONAL MISSION STATEMENT (75 WORDS OR LESS)

BRIEF DESCRIPTION OF ORGANIZATION (75 WORDS OR LESS)

POPULATION SERVED (75 WORDS OR LESS)

LIST OF PROGRAMS AND SERVICES (75 WORDS OR LESS)

BRIEFLY DESCRIBE WHAT THE APPOINTED DONATION WOULD SUPPORT (75 WORDS OR LESS)

I HEREBY VERIFY THAT THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE

\_\_\_\_\_  
AUTHORIZING SIGNATURE OF PRESIDENT OF THE BOARD OR EXECUTIVE DIRECTOR