**[insert chapter name here]**

**Charity Prequalification Form – (for Nonprofit to Complete)**

*This form is to be completed by a representative of the nominated nonprofit to confirm eligibility for funding consideration. Once eligibility is verified, the charity will be added to our list of pre-qualified charities eligible for presentation and funding consideration at a future meeting.*

(please print)

|  |  |
| --- | --- |
| NAME OF ORGANIZATION |  |
| ORGANIZATION’S WEBSITE |  |
| ORGANIZATION TAX ID # |  |
| CONTACT PERSON NAME |  |
| CONTACT PERSON’S PHONE |  |
| CONTACT PERSON’S EMAIL |  |
| WHAT PERCENT OF FUNDS ARE ALLOCATED TO PROVIDING SERVICES IN [INSERT SERVICE AREA HERE]? |  |
| IF YOU RECEIVE AN AWARD, ARE YOU WILLING TO SEND A REPRESENTATIVE TO OUR NEXT MEETING TO SHARE HOW THE MONEY WAS, OR WILL BE, SPENT? (Y/N)? |  |
| DO YOU AGREE **NOT** TO CREATE, SELL OR DISTRIBUTE A LIST WITH OUR MEMBERS’ CONTACT INFORMATION? (Y/N) |  |
| DO YOU AGREE **NOT** TO SOLICIT OUR MEMBERS DIRECTLY FOR FURTHER CONTRIBUTIONS (Y/N))? |  |

signature

date