## **Community Impact Project Application**

## **CONTACT INFORMATION**

Organization Name:		
Representative:		_
Title:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Website:		
ORGANIZATION INFORMATION	DN	
Are you a 501(c) (3) organization	? [] YES [] NO	
Year founded: Numb	per of paid staff:	
Please describe the mission and	vision of your organization:	
Please describe the major service	es and goals of your organiza	tion:
Please describe the community r	needs that your organization a	ddresses:
Approximately how many people	,	ce?
What geographic area does your	organization service?	

Are any city- or county-issued building permits required for the completion of t	this project?
YES [] NO	
f yes, what permits will be required?	
Proposed project budget (add additional sheets if necessary):	
Are there any constraints that might prevent the project from being fully compl	leted by
	leted by
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Are there opportunities for 16 class members to be involved in various ways with the project
Please describe.
What have been the obstacles to achievement of this project by your organization?
How will this project benefit your organization and the community?
How did you hear about this RFP?
Will the project require approval of your board and if so, what is the general timing of those approvals?
Required attachments:
List of all board members and staff

By signing below, the applicant organization formally requests to be considered as the potential recipient of the Lead Now community impact project and agrees to actively participate in the process selected.		
Name of Organization		
Signature	Title	
Print or Type Name		