

Community Impact Project Application

CONTACT INFORMATION

Organization Name: _____

Representative: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

ORGANIZATION INFORMATION

Are you a 501(c) (3) organization? YES NO

Year founded: _____ Number of paid staff: _____

Please describe the mission and vision of your organization:

Please describe the major services and goals of your organization:

Please describe the community needs that your organization addresses:

Approximately how many people does your organization service? _____

What geographic area does your organization service? _____

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 if selected.

Name of Organization

Signature

Title

Print or Type Name