

Initial Inquiry

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Organization Information

Tax ID  
Required for all 501(c)(3) organizations

Ruling year

Organization Name \*

Legal Name (if different)

Address \*

Phone Number \*  
Format: 999-999-9999

Web Address

Fiscal Agent Organization Name

Fiscal Agent Contact Information  
Please list the first and last name of the contact person for the fiscal agent organization.

Fiscal Agent Phone  
Please add the phone number of the contact person for the fiscal agent organization.

Tax ID

Organization's Annual Operating Budget \*  
Format: \$100,000

Fiscal Year Start Date \*

Fiscal Year End Date \*

Number of Full-Time Employees \*

Number of Part-Time Employees \*

Number of Board Members \*

Number of Volunteers \*

Mission statement approved by the board. \*

Brief background/history of organization \*

Brief description of organization's primary current programs \*

Contact Information

Head of Organization

Prefix	First name	Last name	Contact title	Phone	Email
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Request Contact

If different from Head of Organization entered above.

Prefix	First name	Last name	Contact title	Phone	Email
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Request/Project Information

Title of Request/Project \*

Indicate project title or operating support or capital request

**Amount Requested \***

Format: \$10,000

**Project Start Date \***

**Project End Date \***

**Total Project Budget \***

Enter organization budget if requesting operating support. Format: \$100,000

**Number of people served by project \***

Please enter a numeral only.

**Brief description of the project and proposed use of funds \***

**Describe the targeted population served by the project \***

**Geographic area of people served by the project \***