**Nonprofit Agreement Form – (for Nonprofit to Complete) (please print)**

This form is to be completed by a representative of the nominated nonprofit to confirm eligibility for funding consideration. The nonprofit ensures that the information below is accurate and understands that it will be provided to our members.

|  |  |
| --- | --- |
| NAME OF ORGANIZATION |  |
| ORGANIZATION’S WEBSITE |  |
| ORGANIZATION TAX ID # |  |
| CONTACT PERSON NAME |  |
| CONTACT PERSON’S PHONE |  |
| CONTACT PERSON’S EMAIL |  |
| How long has this organization been operating as a 501c3? |  |
| What percent of funds are allocated to providing services versus administrative costs? |  |
| 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