



Square Foot Ministry

Becoming tools of God's love one square foot at a time

APPLICATION FOR SQUARE FOOT MINISTRY SERVICES FOR A NON-PROFIT ORGANIZATION

NAME OF THE NON-PROFIT: _____

IS NON-PROFIT A REGISTERED (501(c)3)? YES _____ NO _____

NON-PROFIT ADDRESS

CONTACT INFORMATION

NAME _____ TITLE _____

PHONE _____ EMAIL _____

WEBPAGE/FACEBOOK _____

MISSION/PURPOSE OF NON-PROFIT

CLASSIFICATION AND TAX ID NUMBER _____

PLEASE PROVIDE A COPY OF YOUR IRS TAX EXEMPT LETTER

PLEASE PROVIDE A COPY OF THE ORGANIZATION'S ANNUAL FINANCIAL REPORT AND IRS FORM 990 WITH ATTACHMENTS

PLEASE PROVIDE A COPY OF YOUR GENERAL LIABILITY INSURANCE COVERAGE WITH COVERAGE AND LIMITS.

PLEASE LIST YOUR BOARD OF DIRECTORS WITH CONTACT INFORMATION. (ATTACH COPY OF BOARD MEMBER ROSTER IF NEEDED)

DESCRIBE WHAT SERVICES YOUR NON-PROFIT IS REQUESTING? (You may enter "See attached")

WHAT IS YOUR EXPECTED START AND FINISH DATE FOR THIS PROJECT (MO/YR)?

WHAT IS YOUR EXPECTED TOTAL BUDGET FOR THIS PROJECT?

HOW MUCH OF THE NEEDED FUNDING IS ALREADY IN PLACE?

BRIEFLY DESCRIBE YOUR PLAN TO RECRUIT DONORS AND VOLUNTEERS FOR THIS PROJECT:

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT.

NAME OF INDIVIDUAL COMPLETING APPLICATION TITLE

SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION DATE

Please mail or scan and e-mail this form to the address listed below. Thank you.