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| CHARITABLE SERVICE APPLICATION |  |

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| **PERSONAL INFORMATION** |
| LEGAL NAME IN FULL              (PLEASE PRINT) LAST NAME FIRST NAME MIDDLE IN |
| HOME RESIDENCE              STREET NUMBER STREET NAME APT/UNIT# |
| TELEPHONE              HOME CELL ALT |
| EMAIL ADDRESS: |
| GENDER: MALE  FEMALE |
| CHECK ONE I AM A U.S. CITIZEN I AM EXPECTING U.S. CITIZENSHIP |

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| **ORGANIZATION INFORMATION** |
| NAME OF ORGANIZATION: |
| ORGANIZATION ADDRESS:              ADDRESS CITY ZIP CODE |
| CEO/EXECUTIVE DIRECTOR: |
| YEARS IN BUSINESS       DATE FOUNDED |
| WEBSITE ADDRESS |
| LIST PROGRAMS PROVIDED AN NUMBER OF PERSONS SERVED  PROGRAM NUMBER OF PERSONS SERVED AGE OF PROGRAM FREQUENCY |
| DOES YOUR ORGANIZATION HAVE CHARITABLE 501 (C )(3) TAX EXEMPT STATUS? YES NO (***NOTE: YOUR RESPONSE WILL NOT DISQUALIFY YOU FROM CONSIDERATION***) ***IF NO, PLEASE ATTACH AN ADDITIONAL SHEET WITH THE EXPLANATION.*** |
| HAS YOUR ORGANIZATION EXPERIENCED ANY FINANCIAL HARDSHIP? YES NO. IF YES, PLEASE ATTACH AN ADDITIONAL SHEET WITH THE EXPLANATION. |
| **BOARD OF DIRECTORS** |
| PLEASE LIST YOUR BOARD OF DIRECTORS AND THEIR ROLES IN THE ORGANIZATION    NAME CITY/STATE OFFICE ANNUAL CONTRIBUTION |
| DO YOU RECEIVE FUNDING FROM ADDITIONAL SOURCES YES      NO |
| IF YES, LIST OTHER FUNDING SOURCES    NAME AMOUNT FREQUENCUY |
| DO YOU RESEARCH AND WRITE GRANTS FOR FUNDING? YES NO |
| DO YOU HOLD ANNUAL FUNDRASING EVENTS? YES NO |
| IS YOUR BOARD ACTIVE IN FUND DEVELOPMENT? YES NO  **(*PLEASE GIVE THE PERCENTATE OF YOUR BUDGET ALLOCATED FOR THE FOLLOWING BUDGET EXPENSES.)*** |
| BUDGET FOR ADMINISTRATION:       BUDGET FOR PROGRAMMING: |
| **APPLICATION QUESTIONS** |
| 1. PLEASE WRITE A BRIEF 500 WORD ESSAY ON ONE OF THE FOLLOWING TOPICS: A) CHANGING COMMUNITY CULTURE, B) DEVELOPING A COMMUNITY MISSION AND VISION, C) IMPORTANT AREAS OF A COMMUNITY DEVELOPMENT PLAN. |
| 1. PLEASE INDICATE WHY YOUR ORGANIZATION IS NEEDED IN THE AREA(S) YOUR SERVE. |
| 1. WHAT IS THE MOST IMPORTANT ACCOMPLISHMENT OF YOUR ORGANIZATON WITHIN THE LAST THREE YEARS? |
| 1. WHO ARE THE PRIMARY LEADERS IN YOUR ORGANIZATION?   NAME TITLE DATE EMPLOYED #HOURS PER WK |
| 1. WHAT ROLE(S) DO VOLUNTEERS PLAY IN YOUR ORGANIZATION? |
| 1. WHAT ROLE(S) DO YOUTH/YOUNG ADULTS PLAY IN YOUR ORGANIZATION? |
| 1. DESCRIBE A PROBLEM OR NEED IN OUR SOCIETY AND HOW YOU PLAN TO ADDRESS IT. |
| 1. HOW DOES YOUR ORGANZATION IMPROVE THE QUALITY OF LIFE FOR PEOPLE? |
| 1. HOW DOES YOUR ORGANIZATION COLLABORATE WITH OTHER COMMUNITY AGENCIES? |
| 1. HOW MUCH FUNDING ARE YOU ASKING FROM THE BRIDGE FOUNDATION? |

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| 1. LIST THE PRIMARY USE(S) OF THE FUNDING |
| 1. PLEASE DESCRIBE THE PROGRAM/PROJECT, LENGTH, LEADERSHIP, DEMOGRAPHIC TO BE SERVED, GOALS OF THE PROGRAM, HOW GOALS WILL BE TRACKED? |
| **LETTERS OF RECOMMENDATION** |
| PLEASE ASK TWO COLLABORATING AGENCIES TO WRITE LETTERS OF RECOMMENDATION THAT REFLECT YOUR DECICATION TO THE AREA(S) YOU SERVE. RECOMMENDATIONS MAY INCLUDE CLERGY, LAW ENFORCEMENT, LOCAL GOVERNMENT, EDUCATION, BUSINESS OR ANOTHER CHARITABLE AGENCY. LETTERS MUST BE SUBMITTED ON OFFICIAL AGENCY LETTERHEAD WITH SUPPORTING DOCUMENTATION (IF ANY) AND CONTACT INFORMATION OF THE REFERENCES. |
| **SIGNATURES** |
| I HAVE READ AND UNDERSTOOD THE APPLICATION REQUIREMENTS OF THE BRIDGE FOUNDATION. I GIVE PERMISSION TO THE BRIDGE FOUNDATION TO INVESTIGATE ALL INFORMATION SUBMITTED IN THIS APPLICATION. IF CONSIDERED FOR AN AWARD OR GRANT, I AGREE TO ATTEND THE MANDATORY INTERVIEW AND PRESENTATION. I AFFIRM THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCRUATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. |

SIGNATURE OF CEO/EXECUTIVE DIRECTOR PRINTED NAME DATE

SIGNATURE OF BOARD CHAIRPERSON PRINTED NAME DATE

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| **APPLICATION CHECK LIST (A COMPLETED APPLICATION WILL INCLUDE THE FOLLOWING)** |

* COMPLETED APPLICATION
* LETTERS OF RECOMMENDATION
* COPY OF TAX-EXEMPT LETTER
* COPIES OF ARTICLES OF ORGANIZATION IN GOOD STANDING
* LAST THREE MONTHS BANK STATEMENTS
* RESUME OF THE EXECUTIVE DIRECTOR/CEO
* COPY OF YOUR CURRENT YEAR BUDGET

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| **DO NOT WRITE BELOW THIS LINE** |

RECEIVED BY: SIGNATURE DATE

AWARDED       OR DENIED      :

REASON: