



NON-PROFIT APPLICATION FORM

Registered Name of Organization: _____

Mailing Address: _____

E-mail Address: _____

Phone #: _____ Cell #: _____

Contact Person: _____

Is your organization a Registered Charity? Yes No

Is your organization in good standing? Yes No

Will your organization provide tax receipts to individual donors? Yes No

Is this organization governed or managed by a Board of Directors, council or committee? Yes No

Please provide Board Members' names and position on Board:

Name

Position

Name	Position

Describe your organization's background and mandate:



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Program/Project Name:

Beginning Date:

Completion Date:

Program/Project Description: (Please provide as much detail as you can)

Describe how the funds will be used:

What community need will your program/project address?

What other community groups are you working with, and in what capacity?

List other funding sources for this particular program/project:

How will you measure success as a result of this program/project?

Please note that consideration will be given to all local non-profits.

TO SUBMIT: Save document and email to info@halosfm.com