

Warren Gives Participation Application

Your name:

Your phone number:

Your email address:

Your relationship to the organization:

Name of organization

Mailing address

Phone number:

Email address:

Website Address:

501(c)(3) Yes No

If YES, please attach a copy of your IRS Designation letter

If No, do you operate under the umbrella of a designated 501(c)(3)? Yes No

Name of umbrella organization:

(We will require a copy of the umbrella organization IRS Designation letter)

Please list all board members and office held:

Organizations mission:

Your current projects or critical needs?

Number of Warren County residents served annually:

Do you serve other counties other than Warren County Yes No

Please list service area:

Do you partner with other Warren County entities through volunteerism, partnerships or outreach programs? Yes No

Please detail:

How would you describe your focus? Check all that apply

Education

Health

Social Services

Arts/Culture

Environment

Community Development

Do other organizations serving Warren County provide the same or similar benefit to the community as your organization provides? Yes No

Please explain:

How would money raised through Warren Gives be used by your organization?

How is your organization activity currently funded?

To ensure financial stability, please attach P&L statements for the most recent 3-years.

Please attach your most recent IRS form 990.

Do you have a publicly available non-discrimination policy, ensuring equitable access to services for all individuals, regardless of race, ethnicity, gender, religion, sexual orientation, or disability. Yes No

If YES, please attach.

Do you attest that your organization complies with all applicable federal, state, and local non-discrimination laws. Yes No

Do you agree to provide permission for your organization to be listed publicly as part of Warren Gives, including use of their name, logo, and description in event materials.

Yes

No

Signature _____

Print Name and title

Date

Upon completion, please mail this application and required attachments to:
Community Foundation of Warren County
310 Second Avenue, Suite 1
Warren, PA 16365

Questions? Please call (814) 726-9553

Complete applications received by the Community Foundation by December 31 of each year will be considered for acceptance by the Board each January. Applicants will be notified of final determinations in February.