

## CHARITY PREQUALIFICATION FORM

This form is to be completed by a representative of the nominated nonprofit to confirm eligibility for funding consideration. Please print clearly.

NAME OF ORGANIZATION	
ORGANIZATION'S WEBSITE	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN #)	
CONTACT PERSON'S NAME	
CONTACT PERSON'S PHONE	
CONTACT PERSON'S EMAIL	
IS YOUR ORGANIZATION ELIGIBLE TO RECEIVE TAX DEDUCTIBLE DONATIONS?	
WILL 100% OF AWARDED FUNDS FROM 100 WHO CARE BARTON COUNTY DONORS BE ALLOCATED TO PROVIDING SERVICES IN BARTON COUNTY? (Y/N) IF NO, PLEASE STATE WHAT PERCENT AND WHY.	
IF YOU RECEIVE AN AWARD, ARE YOU ABLE TO SEND A REPRESENTATIVE TO OUR NEXT MEETING TO SHARE HOW THE MONEY WAS, OR WILL BE, SPENT? (Y/N)	
CHARITIES WHO PRESENT TO 100 WHO CARE BARTON COUNTY MUST AGREE <b>NOT</b> TO CREATE, SELL OR DISTRIBUTE A LIST WITH OUR MEMBERS' CONTACT INFORMATION? DO YOU AGREE? (Y/N)	
CHARITIES WHO PRESENT TO 100 WHO CARE BARTON COUNTY MUST AGREE <b>NOT</b> TO SOLICIT OUR MEMBERS DIRECTLY FOR FUTURE CONTRIBUTIONS UNLESS THEY ARE ALREADY ON YOUR EXISTING DONOR LIST? DO YOU AGREE? (Y/N)	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_