



CHARITABLE ORGANIZATION FACT SHEET

Use this form as a guide for gathering information about the charity you want to recommend as a possible fund recipient. You will likely use some of this in your **five-minute** presentation, should their name be selected from the drawing.

Name of member sponsoring & representing charity on behalf of organization _____

Chapter _____

ORGANIZATION'S OFFICIAL NAME	
ADDRESS (Headquarters and where services are provided, if different) and WEBSITE	
Charity Contact Person Name, Email & Phone Number	
MISSION STATEMENT (Any history, details, information on the organization are helpful)	
DATE STARTED	
HOW WOULD THE DONATED FUNDS BE USED? <u>How much of funds are used for Admin Expenses?</u>	
WHAT ARE THE CURRENT SOURCES OF FUNDING FOR THE ORGANIZATION?	

<p>WHAT POPULATION DOES THAT ORGANIZATION SERVE?</p>	
<p>IS THE ORGANIZATION A 501c3 CERTIFIED CHARITY?</p> <p>IF YES PLEASE PROVIDE FEIN:</p>	<p style="text-align: center;">YES NO</p> <p>FEIN#: _____</p>
<p>Do you have major sponsors or donors?</p> <p>If yes, describe.</p>	<p style="text-align: center;">Yes No</p>
<p>How would The Donated Funds Be Used?</p>	
<p>If chosen, will you restrict funds to just program efforts only, with no funds being used for administrative expenses?</p> <p>If no, how much of the funds are intended to be used for Admin Expenses to implement program?</p>	<p style="text-align: center;">YES NO</p>
<p>What is your Annual Operating Budget?</p>	
<p>What percentage is tied to administrative/overhead vs the program?</p>	<p>Admin / Overhead: _____ %</p> <p>Program: _____ %</p>
<p>Where are your programs performed?</p>	

How do you measure your program success?	
What past success have you achieved?	
What methods will be used to measure result?	
List the 3 specific, measurable outcomes demonstrating your program's impact on the lives of those served?	
Describe your plan to sustain the program beyond this grant	

Does the organization agree to not use, give, or sell the contact information of our members for additional solicitation by them or other organizations? _____ (Y or N)

Return this form by email to Melody Spano at MSpano@100womenwhocaresouthflorida.org ,