



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?	

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 Beth Azor at broward@100womenwhocaresouthflorida.org