

**Alive After Five**  
414 Warsaw Road - Clinton, NC 28328

**Sampson County Non-Profit Application to Exhibit (501c3)**

Organization Name: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ (Please attach a copy of IRS Tax exemption)

**Please provide the information requested below:**  
*(Note: This information will not be shared with other organizations)*

Please provide a description of the services provided or offered by the organization. (Add pages if needed)

Please provide the Mission Statement of the organization>

Please provide the number of individuals served or impacted by the organization during the organizations last fiscal year:

Please List FY: \_\_\_\_\_ # Individuals Served/Impacted: \_\_\_\_\_

\_\_\_\_\_ The organization listed above operates under the direction of a Board of Directors.

If checked, please provide the current number of Board Members: \_\_\_\_\_

Please list the Organizations Officers.

President: \_\_\_\_\_, Vice President \_\_\_\_\_, Secretary \_\_\_\_\_,

Treasurer: \_\_\_\_\_, In-coming President \_\_\_\_\_,

\_\_\_\_\_ The organization listed above operates with an all-Volunteer Staff.

\_\_\_\_\_ The organization listed above operates with a Paid Staff or a combination of Paid Staff and Volunteer Staff.

*Please indicate the number of Staff below:*

\_\_\_\_\_ # of Full-time Paid Staff          \_\_\_\_\_ # of Part-time Paid Staff

\_\_\_\_\_ # of Full-time Volunteer Staff          \_\_\_\_\_ # of Part-time Volunteer Staff

Does the organization rely on Memberships? \_\_\_\_\_ Yes/ \_\_\_\_\_ No

If yes, please provide the current number of members: \_\_\_\_\_

What is the organizations Fiscal Year? \_\_\_\_\_

Please provide the size of the organization's Annual Budget.

\_\_\_\_\_ \$0 to \$10,000          \_\_\_\_\_ \$10,001 to \$20,000          \_\_\_\_\_ \$20,001 to \$30,000

\_\_\_\_\_ \$ 30,001 to \$40,000          \_\_\_\_\_ \$40,001 to \$50,0000          \_\_\_\_\_ \$50,000 to \$75,000

\_\_\_\_\_ \$75,000 to \$100,000          \_\_\_\_\_ \$100,000 or more

Does the organization receive government funding? \_\_\_\_\_ Yes          \_\_\_\_\_ No

Does the organization maintain an office or store front accessible by the public \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the physical address: \_\_\_\_\_

Other Comments: