

River Counties Community Foundation

ORGANIZATION SUMMARY

Date of submission: \_\_\_ / \_\_\_ / \_\_\_

Legal Name of Organization

DBA

Address

City

County

State

Zip

Telephone

Fax

Website

Executive Director/CEO

Title

Email

Phone #

Board Chair

Phone #

Is your organization Tax Exempt under 501(c)(3) Yes  No  IRS Tax ID # \_\_\_\_\_

If no, identify the Code Section for which you are exempt or identify your fiscal agent and its IRS Tax ID # \_\_\_\_\_

Total Organization Annual Budget \$ \_\_\_\_\_ Fiscal Year \_\_\_\_\_ to \_\_\_\_\_

Market value of endowment/investment pool (if any) \$ \_\_\_\_\_

% of endowment/investment pool that is available for operations: \_\_\_\_\_

# of Board Members: \_\_\_\_\_ % of Board Members that contribute financially: \_\_\_\_\_

How often does your Board meet per year? \_\_\_\_\_

Mission Statement:

Geographic region served:

Brief description of current organizational goals and programs, services or activities:

By signing below, we confirm that the information provided within this Document is accurate and approve the submission of this proposal. The Organization will be responsible for any funds that might be received and will comply with applicable tax laws and regulations.

Executive Director/CEO \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Board Chair \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_