



Charity Application Form - for Vetting purposes

Please complete the information below and return by email:
100wwcnc@gmail.com

Submitted by: _____ Phone: _____

Email: _____ Date: _____

Organization Name: Contact Person: Phone number:	
Website:	
Date began: <i>(must be in existence a minimum of 1 year)</i>	
Headquarter address: Location services provided:	
Mission Statement: <i>(Add history, details, info of organization)</i>	
How would 100wwcnc funds be used?	
Current sources of funding for organization? <i>(corporate, gov't, etc)</i>	
Who and What amount of population (#) does the organization serve?	
Are there any opportunities for matching funds?	
Attach a copy of the 501c3 certificate Must be local & serving Hernando County	

If the vetted charity is nominated (by 1 or more members) and selected as 1 of the 3, 501c3 finalist. A representative of that charity must be in attendance of the meeting, to be available to give a 5 minute presentation & 5 minute Q & A. The 100wwcnc members in attendance will vote and the recipient will be announced . All funds must be used within Hernando County, Florida.

(A date for photo shoot & funds to be presented should be determined the night of the meeting. All members are encouraged to attend.)

The charity must agree not to use, give, or sell contact information of our members for additional solicitation by them or their organization.