

Lapeer County Community Foundation

WOMEN'S FUND

Partner Organization/Agency Application



Organization/Agency Description

Organization/Agency name: _____

Address: _____

City/state/zip: _____

Director: _____ Phone(s): _____

Fax: _____ Email: _____

Organization/Agency type: Public () Private () Total membership: _____

Non-profit? Yes () No () Government? Yes () No ()

Federal tax exempt? Yes () No () Tax exempt number: _____

Brief statement of organization/agency purpose:

Attachments:

1. A copy of the current IRS determination letter indicating 501(c)(3) tax exempt status
2. List of Board of Directors and their affiliations
3. Financial information
 - a) Organization's current annual operating budget, including expenses and revenue
 - b) Most recent annual financial statement (independently audited, if available; if not available, attach form 990)
4. Annual Report, if available

Signature, Executive Director

Date



For good. For ever

Lapeer County Community Foundation
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