

100 Women Who Care Haliburton County
Charity Prequalification Form



This form is to be completed by a representative of the nominated nonprofit to confirm eligibility for funding consideration. Once eligibility is verified, the charity will be added to our list of pre-qualified charities eligible for presentation and funding consideration at a future meeting.

(Please print)

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| NAME OF ORGANIZATION | |
| ORGANIZATION'S WEBSITE | |
| ORGANIZATION TAX ID # | |
| CONTACT PERSON NAME | |
| CONTACT PERSON'S PHONE | |
| CONTACT PERSON'S EMAIL | |
| WHAT PERCENT OF FUNDS ARE ALLOCATED TO PROVIDING SERVICES IN HALIBURTON COUNTY? | |
| IF YOU ARE SELECTED, ARE YOU WILLING TO PROVIDE A BRIEF WRITTEN SUMMARY OF YOUR CHARITY AND DO A FIVE MINUTE PRESENTATION AT OUR MEETING (Y/N)? NAME OF PRESENTER? | |
| DO YOU AGREE <u>NOT</u> TO CREATE, SELL OR DISTRIBUTE A LIST WITH OUR MEMBERS' CONTACT INFORMATION? (Y/N) | |
| DO YOU AGREE <u>NOT</u> TO SOLICIT OUR MEMBERS DIRECTLY FOR FURTHER CONTRIBUTIONS (Y/N)? | |

Signature

Date