**1. Name of Charitable Organization:**

**2.** **501(c)(3) Tax ID Number:**

**3. Organization Contact Person (Name, phone, e-mail):**

**4. Presenter (Name, Phone, Email):**

**5 Organization Address:**

**6.** **Date organization started:**

**7.** How would the donated funds be used? **We sponsor specific projects for Salt Lake County residents. Our donation does not go to a capital fund for ongoing expenses**. Use of donation for paying staff is highly discouraged.

**8. Proposed budget for donation** (Note that recent Impact Awards have been around $20,000)**:**

**9. What are the current sources of funding for the Organization?**

**10. How much money in donations did the organization collect in the past year?**

**11. What population does the Organization serve?** (e.g., children, women, elderly, etc.)

**How many people will receive services annually (approximately), if known?**

**12. If chosen, make checks payable to:**

**13.** This nonprofit agrees not to sell, give, or use individual contact information of members of 100 Women Who Care for additional solicitation of their own or any other organization.

**Signature of 100 Women Who Care member:**