

**100
women
who care
JUNEAU**



Pre-Qualification form for non-profits

Member name _____ email _____

Name of non-profit _____

Contact at non-profit _____

Non-profit phone _____ email _____

Non-profit website _____

Non-profit mailing address _____

Non-profit physical address _____

Briefly describe the mission of the non-profit _____

Please review and initial each of the items below indicating that the non-profit agrees:

- _____ Non-profit is 501(c)3 compliant
- _____ Will not use, give or sell our member contact information
- _____ Is not a political organization, house of worship or individual
- _____ Will use any award from our organization to fund project or provide services in our community
- _____ If non-profit is selected for award, will give a 5 minute presentation at the next meeting to share how the award was used
- _____ Understands that if non-profit receives an award, the organization will not be eligible again for one year

Member signature _____ Date _____