

**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 cause or organization. Is not a house of worship or organizations whose mission is to spread a religious message. Is not an 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 it will not be eligible again for two years.

Member signature _____ Date _____