



457 Nathan Dean Blvd. Dallas Ga. 30132

# APPLICATION FOR CONSIDERATION TO RECEIVE FUNDS FOR A CHARITABLE ORGANIZATION

Organization Name \_\_\_\_\_ =

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Director Name: \_\_\_\_\_

Director's Phone Number(s) \_\_\_\_\_

Organization's Mission: \_\_\_\_\_

Organizations Time In Service (years) \_\_\_\_\_ Tax Status \_\_\_\_\_

3 References and Numbers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please place a rating between 1 and 10 on how involved you are in helping those that are listed below

_____ Military Families	_____ Children of Military Families	_____ Veterans
_____ Homeless Families	_____ Children of Homeless Families	_____ Homeless Children
_____ The Hungry	_____ Hungry Children	_____ Missing Children
_____ Terminally Ill Children	_____ Breast Cancer	_____ Cancer
_____ Animal Rescue	_____ Disaster Relief	_____ Other

Please submit along with the application a letter explaining your hardship and why you are applying for funds along with a brief history of your organization and any other compelling information that will help us in making a fair decision to disperse funds to your organization. Please understand all information submitted will be verified prior to consideration and will be held in the strictest of confidence. Those organizations that do not receive substantial assistance and share the same ideology as Vending Outreach Inc. will be considered first. Each Applicant is considered according to the ranking of the questionnaire and on substance of the Hardship Letter. Thank You for your interest in letting us help you.

Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only:</b>		
<b>RANKING:</b>	<b>MISSION:</b>	<b>STATUS</b>