



## In Pursuit of Community Excellence

**Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
*Street City Zip*

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **EIN #:** \_\_\_\_\_

**Mailing Address** *(if different from physical address):* \_\_\_\_\_  
*PO Box or Street City Zip*

**Web Site Address:** \_\_\_\_\_

### DESCRIPTION OF ORGANIZATION

*(Please use an additional page as necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ORGANIZATIONAL NEEDS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Please return by Fax to 757.327.0865. Thank you for your cooperation.**