

100 Men Who Care Hilton Head Island - Charity Prequalification Form



100 Men Who Care

Hilton Head Island, SC

This form is to be completed by a representative of the nominated nonprofit to confirm eligibility for funding consideration. Once eligibility is verified, the charity will be added to our list of pre-qualified charities eligible for presentation and funding consideration at a future meeting.

NAME OF ORGANIZATION	
ORGANIZATION'S WEBSITE	
ORGANIZATION TAX ID #	
CONTACT PERSON NAME	
CONTACT PERSON'S PHONE	
CONTACT PERSON'S EMAIL	
WHAT PERCENT OF FUNDS ARE ALLOCATED TO PROVIDING SERVICES IN THE HILTON HEAD AREA?	
IF YOU RECEIVE AN AWARD, ARE YOU WILLING TO SEND A REPRESENTATIVE TO OUR NEXT MEETING TO SHARE HOW THE MONEY WAS, OR WILL BE, SPENT? (Y/N)?	
DO YOU AGREE NOT TO CREATE, SELL OR DISTRIBUTE A LIST WITH OUR MEMBERS' CONTACT INFORMATION? (Y/N)	
DO YOU AGREE NOT TO SOLICIT OUR MEMBERS DIRECTLY FOR FURTHER CONTRIBUTIONS (Y/N)?	

Signature _____

Name _____

Date _____