

**Charity Name**

Enter information here

**Mailing Address and Web site**

Enter information here

**EIN #**

Enter information here

**Name of Primary Contact (include Name, title, address, phone and email)**

Enter information here

**Is your Organization a tax-exempt 501(c)(3) agency?** Yes  No**Is your organization a local member of a nationwide organization?** Yes  No If yes, with whom?

Enter information here

**Is your organization currently participating to support other in the local campaigns?** Yes  No

Enter information here

**Charity Mission Statement**

Enter information here

**Description of programs and services (include separate sheet if necessary)**

Enter information here

**Does your organization provide local services in Prince William /Fauquier/Loudon/Fairfax Counties?** Yes  No If yes, how?

Enter information here

**Additional documentation required with this application include:**

- Copy of the agency's most current 990