



# Partner Application Form

Organization Name: \_\_\_\_\_ When Founded: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: CA ZIP: \_\_\_\_\_

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

Executive Director: \_\_\_\_\_ PH: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ PH: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_

Organization Type: 501(c)(3) MINISTRY CIVIC GROUP CHURCH OTHER

If an NPO, enter ID: \_\_\_\_\_ (Need copy of determination letter)

If not an NPO, are you affiliated with an NPO, Church, School? \_\_\_\_\_ If so, please name. \_\_\_\_\_

What is your mission?

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

Briefly describe the people you serve or the cause you are impacting.

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

In what way would a partnership with ALOG be beneficial to your organization?

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

Form completed by: \_\_\_\_\_ X \_\_\_\_\_  
Print name! Signature! Date

### To be completed by A Lot of Good

Date Received: \_\_\_\_\_ Disposition: \_\_\_\_\_ Dispo Date: \_\_\_\_\_ By: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_