



PARTNER APPLICATION

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|--|-------|--|-----------------|----------------|----|
| DATE | THEME | SELECT ONE | LA | NY | SF |
| ORGANIZATION | | | EIN # | | |
| PROGRAM NAME <small>IF APPLICABLE</small> | | FISCAL SPONSOR <small>IF APPLICABLE</small> | | | |
| MAILING ADDRESS | | | | | |
| WEBSITE | | | TWITTER | | |
| FACEBOOK PROFILE/PAGE | | | INSTAGRAM | | |
| AGENCY BUDGET | | FISCAL YEAR | | PROGRAM BUDGET | |
| # OF FULL-TIME STAFF | | | # OF VOLUNTEERS | | |
| MISSION STATEMENT | | | | | |
| BRIEF PROGRAM DESCRIPTION | | | | | |
| BRIEF PROGRAM HISTORY | | | | | |
| WHY IS YOUR ORGANIZATION INTERESTED IN THIS PARTNERSHIP | | | | | |
| DESCRIBE YOUR CONSTITUENCY <small>INCLUDE DEMOGRAPHIC & GEOGRAPHIC (I.E. NEIGHBORHOOD) INFORMATION.</small> | | | | | |
| HIGHLIGHT WHAT PBP VOLUNTEERS SHOULD KNOW AND UNDERSTAND ABOUT YOUR CONSTITUENCY | | | | | |
| PROGRAM WISHLIST <small>ITEMS, RESOURCES, & SKILLS</small> | | | | | |
| DESCRIBE IF AND HOW YOUR FACILITIES CAN ACCOMMODATE PBP VOLUNTEERS DURING HIGH ACTIVITY PERIODS OF THE PARTNERSHIP | | | | | |
| EXECUTIVE DIRECTOR | | EMAIL | | PHONE | |
| PROJECT LEAD | | TITLE | | | |
| EMAIL | | PHONE | | | |

FOSTERING A HEALTHY AND MUTUALLY BENEFICIAL RELATIONSHIP IS A KEY COMPONENT OF THE P&P CAMPAIGN PARTNERSHIP. HOW DO YOU ENVISION P&P VOLUNTEERS WORKING WITH YOUR ORGANIZATION IN A MUTUALLY MEANINGFUL WAY? WHAT DO YOU WANT TO SEE P&P VOLUNTEERS LEARN BY PARTNERING WITH YOUR ORGANIZATION? AND HOW DO YOU ENVISION P&P HELPING TO ADVANCE YOUR ORGANIZATIONAL MISSION AND GOALS?

WHAT WILL SUCCESS LOOK LIKE AND HOW WILL IT BE MEASURED? WHAT DO YOU HOPE TO ACCOMPLISH THROUGH THIS PARTNERSHIP AND HOW WILL THE CAPACITY OF YOUR ORGANIZATION BE ENHANCED AS A RESULT?

REQUIRED ATTACHMENTS

- STATEMENT FROM THE EXECUTIVE DIRECTOR OR BOARD CHAIR
- 501(C)3 DETERMINATION LETTER
- CURRENT FORM 990
- CALENDAR OF EVENTS FOR UPCOMING YEAR
- PROGRAM BUDGET

| | |
|-----------|-------|
| SIGNATURE | DATE |
| NAME | TITLE |