



2019 PARTNERSHIP APPLICATION HOMELESSNESS

SECTION I. ORGANIZATION INFORMATION

DATE	SELECT ONE LA <input type="checkbox"/> NY <input type="checkbox"/> SF <input type="checkbox"/>
ORGANIZATION NAME	EIN#
PROGRAM NAME (IF APPLICABLE)	FISCAL SPONSOR (IF APPLICABLE)
EXECUTIVE DIRECTOR (NAME/EMAIL/PHONE)	EMPLOYEE COMPLETING APPLICATION, OTHER THAN ED (IF APPLICABLE) - (NAME/TITLE/EMAIL/PHONE)
MAILING ADDRESS	WEBSITE
# OF PAID STAFF	# OF VOLUNTEERS
ORGANIZATIONAL BUDGET	



MISSION STATEMENT

BRIEF OVERVIEW OF YOUR ORGANIZATION

DESCRIBE YOUR CONSTITUENCY & TARGET POPULATION

(INCLUDE DEMOGRAPHIC AND GEOGRAPHIC/NEIGHBORHOOD INFORMATION)

SIGNATURE (NAME/TITLE)

DATE



SECTION II. SUPPLEMENTAL APPLICATION QUESTIONS

Refer to the PbP's Annual Campaign Initiatives Guide for more information.

1. **Campaign Theme:** Describe how your organization and/or program addresses homelessness in the Asian & Pacific Islander American (APIA) community?
2. **Fundraising:** How would PbP's fundraising efforts help your organization and/or program in advancing your mission and goal to address homelessness in the APIA community?
3. **Public Awareness & Community Outreach:** Provide a brief scope of existing or proposed event(s) that PbP volunteers can help organize to bring awareness and address homelessness issues in the APIA community (i.e., logistics, marketing and promotion, day-of volunteers etc.)?
4. **Leadership Development:** What can our PbP volunteers learn by partnering with your organization?
5. **Collaborations Accelerating Sustainable Engagements & Solutions (CASES):** Provide a brief proposed issue or challenge statement in need of research and evaluation. *Refer to the PbP's Annual Campaign Initiatives Guide for example challenge statements.*
 - A. As part of the CASES initiative, we expect PbP volunteer consultants and the beneficiary partner to engage closely and collaboratively. Please comment on how your organization's capacity to engage in this type of partnership.
 - B. Describe the resources and skill sets that your organization and/or program need from our PbP volunteer consultants, specifically for the duration of the 12-week project term. *Refer to the PbP's Annual Campaign Initiatives Guide for an example skill-set specification.*

SECTION III. REQUIRED ATTACHMENTS

1. Statement from the Executive Director or Board Chair
2. 501(c)3 Determination Letter
3. Current Form 990
4. Calendar of Events for Upcoming Year Program
5. Budget