

LIFESOURCE FOUNDATION

POTENTIAL PARTNERSHIP
PROFILE

For

(Company Name Seeking Partnership)

ORGANIZATION INFORMATION

NAME OF ORGANIZATION

"DOING BUSINESS AS"

ORGANIZATION CONTACT INFORMATION

CONTACT PERSON	WEBSITE ADDRESS	E-MAIL ADDRESS
OFFICE PHONE	CELL PHONE	HOME PHONE

PRINCIPAL PLACE OF BUSINESS ADDRESS

CITY, STATE ZIP

REGIONAL INFORMATION

The following information should reflect the region you wish to have a program in:

COUNTY

WARD#

CITY COUNCILMAN

MAYOR

PROGRAM & GRANT INFORMATION

1. Is this a new program? YES NO If no, how long have you been in existence?
_____ Months Years
2. Are you currently funded by grants? YES NO If yes, for how many years _____.
3. Have you ever applied for grants and were turned down? YES NO

ORGANIZATION STATUS

- 1. **No Owners—Non-Profit Status** Yes No
- 2. **Are You Classified As A 501c3 Tax-Exempt Organization?** Yes No
- 3. **If no, what non-profit status has the IRS determined** 501(c)____
- 4. **Have you received a determination letter from the IRS?** Yes No

Please check the following programs you would like to start in your community:

- | | |
|--|--|
| <input type="checkbox"/> After School Tutoring | <input type="checkbox"/> Homeless Shelter |
| <input type="checkbox"/> Substance Abuse Counseling | <input type="checkbox"/> HIV-AIDs/other Healthcare Issues |
| <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Gang Prevention | <input type="checkbox"/> Veteran Services |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Educational Services |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Religious Services |
| <input type="checkbox"/> Social Enterprise | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Low-Income Housing | <input type="checkbox"/> General Charitable Services (food, clothes) |
| <input type="checkbox"/> The program is not listed (please describe below) | |

LIST YOUR PAST OR CURRENT COMMUNITY SERVICES (Be Specific)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

LIST THE POPULATION YOU HAVE TARGETED/SERVED

- 1. _____
- 2. _____
- 3. _____
- 4. _____

LIST SOME OF THE PROFESSIONAL OCCUPATIONS ON YOUR BOARD/STAFF

1. _____
2. _____
3. _____
4. _____
5. _____

GOVERNMENT REGISTRATIONS

What government or private agencies have you registered to do business with?

- _____
- _____
- _____
- _____

List (if any) professional licenses or certifications have you received in order to conduct particular services?

- _____
- _____
- _____
- _____
- _____

Check All of The Following That You Currently Have Available For Your Program:

- | | |
|--|---|
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Financial Plan |
| <input type="checkbox"/> Projected Annual Profit | <input type="checkbox"/> Marketing Plan |
| <input type="checkbox"/> Funding for Program | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Building Space | <input type="checkbox"/> Accountant |
| <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Grant Writer |
| <input type="checkbox"/> 501c3 | <input type="checkbox"/> 990 Tax Return |
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Officers |