



Pennies for Change Program Community Partner Application



Annual Revenue: _____

Number of Employees: _____

Ratio of funds used for
admin purposes: _____

501c3 determination
letter provided.



Organization Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Organization Director: _____ Phone: _____

Contact Person: _____ Tax ID #: _____

Email: _____ Website: _____

Mission of the Organization:

Supply an example of programs or outcomes the funds will be used for:

The selection committee reserves the right to determine what percentage of funds Community Partners receive. Organizations that have received approval in previous years, will not necessarily receive approval in following years. A copy of the organization's IRS 501c3 determination letter must be provided along with this application.