	(M)	
	MARK	ET
	STRE	ЕТ
		DDI ICATION 2024
	OR CHARITTA	PPLICATION 2024
Organization Name:		
Contact Person:		
Address:		
City:	Zip	Phone
Email:	1 -	Cell Phone
Organization Website:		
		ITIONAL PAPER AS NEEDED AND INCLUDE ND ANY OTHER DOCUMENTATION YOU FEEL
Organizations primary source of funding:		
Number of beneficiaries served?		
In which area do the majority of beneficiaries		
501(c)(3) Status? (Documentation is req	uired with this applicat	ion)
DESCRIBE THE CHARITY'S PROGRAMS	AND SERVICES AND H	OW THE MISSION AND GOALS ARE IMPLEMENTED.
FOR OFFICE USE ONLY	AND SERVICES AND H	DW THE MISSION AND GOALS ARE IMPLEMENTED.
FOR OFFICE USE ONLY Date Received		
FOR OFFICE USE ONLY Date Received Criteria Fulfilled	Qua	rter:
FOR OFFICE USE ONLY Date Received Criteria Fulfilled	Qua	
FOR OFFICE USE ONLY Date Received Criteria Fulfilled Approval APPLICANTS CONSIDERED FOR 2023 M	Qua Sign	rter: ature