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	E	
	MARK	ΈΤ
	STRE	ET
	CHANGE FOR CHARITY	ADDI ICATION 2026
CONTACT INFORMATIO		AFFEICATION 2020
Organization Name:		
Contact Person:		
Address:		
City:	Zip	Phone
Email:	· ·	Cell Phone
Organization Website:		
		DITIONAL PAPER AS NEEDED AND INCLUDE AND ANY OTHER DOCUMENTATION YOU FEEL
Organizations primary source	ce of funding:	
Number of beneficiaries ser	ved?	
In which area do the major	ity of beneficiaries reside?	
501(c)(3) Status? (Docum	entation is required with this application	ation)
DESCRIBE THE CHARITY	"S PROGRAMS AND SERVICES AND I	HOW THE MISSION AND GOALS ARE IMPLEMENTED.
FOR OFFICE USE ONLY	"S PROGRAMS AND SERVICES AND I	HOW THE MISSION AND GOALS ARE IMPLEMENTED.
FOR OFFICE USE ONLY Date Received		
FOR OFFICE USE ONLY Date Received Criteria Fulfilled	Q	Jarter:
FOR OFFICE USE ONLY Date Received Criteria Fulfilled Approval	Qu Sig	Jarter: gnature
FOR OFFICE USE ONLY Date Received Criteria Fulfilled Approval APPLICANTS CONSIDER	Qu Qu Sig ED FOR 2026 MUST HAVE THE COMP IITTED BY OCTOBER 31, 2025. APPL:	Jarter: