



## SC Give First-Time Participant Application

### Organization Information

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Type of Organization: ☐ 501(c)(3) ☐ 501(c)(8) ☐ 501(c)(19) ☐ Public Agency

*501(c) organizations must submit a copy of their IRS status approval letter.*

*501(c)(8) and 501(c)(19) organizations are subject to expenditure responsibility requirements. Please download and review requirements before submitting an application.*

If a 501(c), is your organization required to file an annual Charitable Solicitations Registration\* with the Washington Secretary of State? ☐ Yes ☐ No

*\*You are likely required to have a Charitable Solicitations Registration if your organization has any paid officers or employees, or if you receive more than \$50,000 per year from the public.*

If you selected yes on the previous question, do you certify that your registration is current? ☐ Yes ☐ No

Year Incorporated: \_\_\_\_\_ EIN: \_\_\_\_\_ Annual Operating Budget: \_\_\_\_\_

### Project Information

Project Name: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

Please attach a narrative that provides the following information (1 page limit).

1. Organization's Mission Statement
2. One paragraph description of project.
3. Specific needs being met by this project.
4. Total geographic area served by project.
5. Contact information for key staff/volunteers responsible for implementing project.

### Signature & Certification

I certify that I agree to the participation requirements of SC Give.

I understand that the funds raised during this event are restricted-use funds that can only be used to implement this specific project. Funds cannot be used for general operational overhead or to fund further fundraising efforts.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_



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Narrative