



Name of Organization: _____

Physical Address: _____

City _____ State _____ Zip _____

Mailing Address (if different from above): _____

City _____ State _____ Zip _____

Telephone: _____ **Fax:** _____

E-mail address: _____

URL (web) address: _____

501C(3) Number _____ granted _____ date _____ applied for _____ date _____

Executive Director: _____

Financial Director/Bookkeeper or Accountant: _____

Board Members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Organization's Purpose or Mission Statement: _____

Current Needs or Special Projects: _____

How did you find out about SparkStartSM: Colleague Web

Publication (which one _____) Other: _____

Does your organization employ an on-site marketing director? Yes No

Do you receive marketing/advertising assistance from any other source? Yes No

If so, do you pay for this or is it pro-bono (provided at no charge)? Paid Pro-bono

Please submit a short essay (150 words or less) as to why your Organization would benefit from assistance from SparkStartSM and how you would like to direct the marketing efforts (i.e. a fundraising event, a newsletter, etc.)