



Charleston Promise Neighborhood Learning Community

Request for Information

CONTACT INFORMATION

Legal Name:	<input type="text"/>		
CEO Name:	<input type="text"/>		
CEO Email:	<input type="text"/>	CEO Phone:	<input type="text"/>
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

Contact Name:	<input type="text"/>		
Contact Email:	<input type="text"/>	Contact Phone:	<input type="text"/>

ORGANIZATION INFORMATION

501(c)3	<input type="radio"/> Yes	Year Established	<input type="text"/>
	<input type="radio"/> No		
Fiscal Sponsor Name	<input type="text"/>		
Fiscal Sponsor Address	<input type="text"/>		

Total Organization Budget:	<input type="text"/>	Total # of Board Members	<input type="text"/>
Total # of Staff	<input type="text"/>	Total # of Volunteers	<input type="text"/>

Organizational Mission Statement
(350 character max)

Brief Description of Organization
(500 character max)

Population Served

Include age groups,
race & ethnicity,
income levels, etc.
(200 character max)

Project Deliverable**Type of Request**

- ☐ General Operating
☐ Program Support
☐ Start Up

Geographic Area Served**Priority Funding**

Areas (indicate how
your request will
assist CPN with
ensuring Vision 2016
Goals are realized.)

List of Prior Funding (List the Name, Amount, Month and Year)

