

Non-Profit Organization Submission 2017

Name of Organization:		
Address:		
Telephone Number:		
Point-of-Contact:		
1.	What geographic area do you serve?	
2.	What is your Mission?	
3.	What is/are your Goal(s) for 2017?	
4.	Why do you feel SMBN should choose to support your Non-Profit Organization this year?	
5.	Where, from whom, how do you get the majority of your funds? Do you receive Governme Subsidies, etc.?	nt
6.	What percentage of your budget is spent on administration of the Charity?	

Please feel free to attach a separate page if your answers require more space than that given.