Form 2: Not-for-Profit Organization Information and Questionnaire

Name of Applicant: _____

Only Applicants that include a not-for-profit entity as principal of the Developer or part of the Development Team shall complete this Form. Delete if not applicable.

Name of Organization: _____

Address: _____

City:_____ State:_____ ZIP Code _____

Executive Director: _____

Contact Person: _____

Title: _____

Telephone No. _____

FAX No. _____

Date Established: _____

Date Incorporated: _____

ROLE OF ORGANIZATION IN THE PROJECT

Describe the role that the not-for-profit organization will play, such as developer, marketing agent, etc.

CERTIFICATION

I CERTIFY THAT THE INFORMATION SET FORTH IN THIS DISCLOSURE STATEMENT AND ITS ATTACHMENTS IS TRUE AND CORRECT.

Name of Organization	Signature of Officer
Date	Print or Type Name and Title

NOT-FOR-PROFIT ORGANIZATION: DIRECTORS, OFFICERS, AND KEY STAFF

Name of Organization: _____

Provide the following information regarding your current Directors, Officers and Key Staff.

Name and Home Address	Position and/or Office in Organization	Date of Initial Appointment	Current Occupation and Name of Employer

Use additional sheets as necessary

NOT-FOR-PROFIT ORGANIZATION: MAJOR SOURCES OF FUNDING

Name of Organization: _____

Provide the following information regarding your major sources of funding during the two years preceding the deadline for submission of proposals under this RFQ.

Funding Source (Agency, Department, etc.)	Name of Program	Contact Person Name and Phone Number	Purposes of Funding	Dates of Funding	Funding Amount

Use additional sheets as necessary