



Lake  
Minnetonka

## Charitable Organization Submission Form

Please print, complete, scan and send to [powerof100lakeminnetonka@gmail.com](mailto:powerof100lakeminnetonka@gmail.com) at least one-week prior to a quarterly meeting.

Requirements of submission:

-Must have a 501c3 (IRS Certified Tax Free Status)

-Organization must be in existence for a minimum of 2 years

-Organization must benefit our community; national charities may be considered for local impact

1. Name of charitable organization: \_\_\_\_\_
2. Name of organization contact/executive director:\_\_\_\_\_
3. Address (headquarters and where services are provided, if different):  
\_\_\_\_\_
4. How long has this organization been in existence (required minimum of 2 years)?:\_\_\_\_\_
5. Mission Statement and/or purpose of the organization:  
\_\_\_\_\_  
\_\_\_\_\_
6. How would donated funds be used?  
\_\_\_\_\_
7. What population does the organization serve? (children, elderly, physically/mentally ill, etc.):\_\_\_\_\_
8. Approximately how many people receive services annually from this Organization?\_\_\_\_\_
9. Is the organization a registered 501(c)3 charitable organization? :\_\_\_\_\_
10. If selected, would someone from the organization be available to speak at our next meeting to describe the impact of the donated funds? :\_\_\_\_\_
11. If this charity is selected by the group, to whom would the check be payable?  
\_\_\_\_\_
12. If know, what percent of the charity's annual budget is spent on administrative fees?:\_\_\_\_\_
13. Are you a board member of this organization? :\_\_\_\_\_

Member name: \_\_\_\_\_

Member email: \_\_\_\_\_

Member mobile number: \_\_\_\_\_

Date submitted: \_\_\_\_\_