

## WE WELCOME YOUR PARTNERSHIP!

We are excited to provide our grant application for consideration of your funding request. The required questionnaire will help define the projects, events and programs you are requesting our support through contribution funding. Members of our review committee will make a decision on your application within 30 days of submission. Please submit the completed form via our inbox at [Community.Partners@Nationstarmail.com](mailto:Community.Partners@Nationstarmail.com) with a subject line of "Partnership Support Request."

## INFORMATION QUESTIONNAIRE

**Which of the following best represents your organization's primary mission?** (select one)

- Advocacy & Human Rights
- Community & Civic
- Diversity & Inclusion
- Disaster Relief
- Economic Development
- Financial Literacy/Readiness
- Homelessness & Housing
- Military & Veterans
- Seniors
- Other - \_\_\_\_\_



**Requesting organization name** (legal name): \_\_\_\_\_

**If your organization goes by a name other than your legal name, enter it here:**

\_\_\_\_\_

**If your organization is a subsidiary, enter the name of the parent organization:**

\_\_\_\_\_

**Is your organization a registered 501(c)(3) Non-Profit Organization?**

- Yes
- No

**How many are served by your organization annually? #** \_\_\_\_\_

**ORGANIZATION INFORMATION CONTINUED...**

Date of incorporation \_\_\_\_\_

Enter your federal taxpayer ID number \_\_\_\_\_

(IRS): Non-profit Organization Status \_\_\_\_\_

(IRS): Organization Legal Name \_\_\_\_\_

(IRS): Organization Address \_\_\_\_\_

(IRS): Organization City \_\_\_\_\_

(IRS): Organization State \_\_\_\_\_

(IRS): Organization Zip Code \_\_\_\_\_

Website URL of organization \_\_\_\_\_

**If different from the above, please provide the following.**

Organization Address \_\_\_\_\_

Organization City \_\_\_\_\_

Organization State \_\_\_\_\_

Organization Zip \_\_\_\_\_

Organization Phone Number \_\_\_\_\_

**Provide the contact information for the person submitting the application in case additional information is required.**

Contact Salutation \_\_\_\_\_

Contact First Name \_\_\_\_\_

Contact Last Name \_\_\_\_\_

Contact Job Title \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Extension # \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Executive Director's or CEO's Name \_\_\_\_\_

**MORE ORGANIZATION INFORMATION...**

**Indicate your organization's Guidestar rating ([www.Guidestar.com](http://www.Guidestar.com)).**

- Gold
- Silver
- Bronze
- Unrated
- Our organization is not registered with Guidestar

**Indicate your organization's Charity Navigator rating ([www.charitynavigator.org](http://www.charitynavigator.org)).**

- 4 stars
- 3 stars
- 2 stars
- 1 star
- 0 stars
- Donor Advisory
- Our organization has not been rated by Charity Navigator

**Are there any outstanding issues that could affect your organization's ability to operate and/or deliver services?** i.e. explanation of notations in audited financials, major negative news or social media coverage, significant changes to the organization, pending litigation that could hinder the organization's ability to operate, etc.

- Yes
- No

**If yes - Include details of outstanding issues and provide documents on checklist.**

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## GRANT APPLICATION

### What type of support are you requesting?

- Event Sponsorship
- Program Sponsorship
- Program and Event Sponsorship

Contribution amount requested: \$\_\_\_\_\_

### What is the name of the program or event for which you are requesting funding?

\_\_\_\_\_

### Is this a national program?

- Yes
- No

Indicate the approximate number of lives impacted by this program. #\_\_\_\_\_

### What primary population will this program serve?

- Disability/Special Needs
- Ethnic & Racial
- General
- LGBTQ
- Military Caregivers
- Military Spouses and Children
- Seniors
- Service Members
- Veterans
- Women
- Youth
- Other - \_\_\_\_\_



### Briefly describe the program, its purpose, and how the funding will be used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EVENT DESCRIPTION

**What type of event are you hosting?**

- Black Tie Event
- Black Tie Optional
- Conference/Seminar
- Dinner/Gala
- Luncheon
- Other - \_\_\_\_\_

**Name of the event:**

\_\_\_\_\_

**Date(s) of event:**

\_\_\_\_\_

**Location of event:**

\_\_\_\_\_

**How many people will be attending / participating in the event? #\_\_\_\_\_**

**Is there an opportunity for a representative of Nationstar to speak at this event?**

- Yes
- No

**If yes – please append an agenda and talking points.**



## COMMUNICATIONS & MARKETING

### What do you need from us?

Provide information about marketing activities that will be used to publicize this program, including donor recognition.

### Indicate how you plan to promote this program/event. (Select all that apply)

- Print
- Radio
- Social media site(s)
- TV
- Web site(s)
- Other - \_\_\_\_\_
- No media outreach planned

### How many people do you estimate will be made aware of this donation through your marketing and communications?

\_\_\_\_\_

### Were members of the media (associated press) invited to attend? If so, please provide news outlet names and contacts.

\_\_\_\_\_

### If the request is approved, do you plan to use our logo in your program materials?

- Yes - Any use of the Nationstar name and/or logo must be approved prior to usage or publication.
- No

### If yes - Do you agree to follow guidance on the usage of Nationstar's name and logo, by always asking prior to usage?

- Yes
- No – Our logo is not permitted for use.

### Please provide the following for advertisements:

- ▷ Logo specifications - \_\_\_\_\_
- ▷ Ad specifications - \_\_\_\_\_
- ▷ Submission deadline - \_\_\_\_\_
- ▷ Email address where submission is to be sent - \_\_\_\_\_

## DOCUMENT CHECKLIST

**Here's what we need from you!** Please deliver if highlighted.

- Program documents
- Program/Event Budget
- Event Invitation and Sponsorship Opportunities
- Meeting agenda with talking points
- Annual Report (If your organization does not produce an annual report, upload a brochure that provides an overview of your organization's programs/services or a memo stating your organization does not have these items available.)
- Annual Operating Budget (i.e. Include explanation of notations in audited financials, major negative news or social media coverage, significant changes to the organization, pending litigation that could hinder the organization's ability to operate, etc.)

### **Congratulations! We approved the request!**

Now we need the following to send you the funding...

- W-9
- 501(c)(3) form
- Optional: Electronic Funds Transfer (EFT) form

