

FIRST SUNDAY GIVEBACK CONGREGANT NOMINATION FORM (ORGANIZATION INFO FORM)

Dear First Unitarian Church of Dallas Congregant,

Thank you for your interest in nominating an organization to be recipient for our church's First Sunday Giveback.

Please carefully review the 2-page Congregant Nomination Guidelines, which detail the requirements for both the Nominator (you) and the organization.

TO: First Sunday Giveback Committee Applicable deadline date: _____

All information provided below is accurate and truthful.

I have read and understand the Congregant Nomination Guidelines and agree to its terms.

Nominator's signature _____ **Date** _____

Nominator Name: _____ Cell Phone _____

email _____

Address _____ City _____ State _____ Zip _____

NOMINATED ORGANIZATION INFORMATION (Please print or type)

Organization Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Website _____

Contact person : Name _____ Title _____

Phone _____ email address _____

Fiscal Year: Start month _____ End month _____

Geographic area covered: _____

Population served: _____

Check should be made payable to: _____

If this organization is selected, we assume the check should be mailed to the Contact person and Address above. If that is different, please provide alternate information:

Payment Contact name _____ Title _____

Payment Address: Street _____ City _____ State _____ Zip _____

Are there any timing issues that the First Sunday Collection Committee should consider? (In other words, does this organization need this money at a specific time of the year?)

If this organization is not selected for this cycle, would you like it to be considered for the one that follows?

Yes No

MISSION/PURPOSE:

What is this organization's mission or purpose?

How is it this mission/purpose consistent with our UU Principles?

Provide examples of what the organization does to achieve their mission/purpose:

IMPACT

Describe the *specific* impact that our funding would have on either this organization's general operations or a special project. If it will impact a special project, please provide details.

SUPPORT FOR & PARTICIPATION WITH THIS ORGANIZATION

If you are aware of other First Unitarian congregants who are supporters of this organization, *with their permission*, please provide their names:

Describe your and other church members' involvement with this organization (e.g., volunteer, Board member, employee, financial supporter, etc.). Please provide details.

In what specific ways could other First Unitarian congregants become involved with this organization?

**FIRST SUNDAY GIVEBACK
CERTIFICATION OF CHIEF EXECUTIVE**

Organization Name: _____

Deadline date which relates to this application: _____

I hereby certify that all information provided in this application is true and accurate.

IRS 501(c)(3) designation letter dated _____

IRS Form 990 for year _____

IRS Form 990 for year _____

Balance Sheet for fiscal year _____

Balance Sheet for most recent month _____

Income/Operating Statement for fiscal year _____

Income/Operating Statement for previous 12 months – Start _____ End _____

Income/Operating Statement for calendar year to date for year _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Signature: _____

Name (please print): _____

Date: _____

Title: Executive Director

 Chief Executive Officer

 Other: _____