



COMMUNITY FOUNDATION FOR INDEPENDENCE

PARTNER ORGANIZATION APPLICATION

DATE:
ORGANIZATION NAME:
ORGANIZATION MAILING ADDRESS:
ORGANIZATION PHYSICAL ADDRESS:
CONTACT NAME:
CONTACT PHONE:
CONTACT EMAIL:
ORGANIZATION PURPOSE/MISSION:
YEARS/MONTHS ORGANIZATION HAS BEEN IN EXISTENCE:
LIST KEY ORGANIZATION MEMBERS AND PHONE NUMBERS:
OTHER IMPORTANT INFORMATION:

COMPLETE THIS FORM AND RETURN TO CFFIINDY@GMAIL.COM