

# Community Shares of Illinois

## Application for Membership

### **I. IDENTIFICATION**

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ E-Mail \_\_\_\_\_

### **II. GENERAL INFORMATION**

Mission of Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Currently has 501(c)3 tax exempt status:  Yes  No

Date tax-exemption status granted? \_\_\_\_\_ Date organization incorporated? \_\_\_\_\_

Number of Staff members:  Full-Time  Part-time  Volunteer

### **III. SERVICES/PROGRAMS**

Please describe the program activities/service provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

Populations or client groups: \_\_\_\_\_

\_\_\_\_\_

### **IV. FISCAL INFORMATION**

Size of annual budget:

Below \$100,000  \$100,000 - 250,000  Over \$250,000

Does your organization conduct an annual audit?  Yes  No

### **V. ATTACHMENTS**

- List of Current Board Members
- IRS 501(c)3 Letter
- Most recent IRS 990
- Most Recent Audit if income over \$100,000
- Copy of Annual Report or brochures/newsletters that provide a general description of your agency programs/services and lists Board of Directors and Chief Administrative personnel (if applicable)

*This is a non-binding application that must be approved by both organizations' governing Boards.*