



# 2019 Mason Empty Bowls Beneficiary Application Form

ORGANIZATION INFORMATION			
Organization Name:	_____		EIN # _____
Address:	_____		
	Street	City	State Zip
Contact Person & Title:	_____		
Phone:	_____	Email:	_____
Website URL:	_____	Facebook:	_____
What is the mission of your organization or program?   			
No. of paid full & part-time staff:	_____	No. of Volunteers:	_____
		Operating Budget:	_____
Communities/School Districts Served: _____			
Number of Meals Served Monthly:	_____	Number of <input type="checkbox"/> Individuals or <input type="checkbox"/> Households	
		Served Monthly:	_____
Operating Hours: _____			
Sources of Food and Other Donations for Your Organization <i>(use back of form or separate paper if necessary)</i> :   			
Other Fundraising Events that Benefit Your Program:   			
How would you use Mason Empty Bowls funds? <i>(mention specific needs, if any)</i>   			
Additional information that you believe would be useful for the selection committee to know:   			