



Beads for Needs

Charity Partner Application

Beads for Needs' mission is to contribute to the intellectual, social and psychological development of underprivileged children in the Charlotte, NC community. Beads for Needs achieves its mission by raising funds and awareness for non-profits providing positive developmental opportunities through effective programs and initiatives.

Name of Organization: _____ Phone : _____

Address: _____

Contact Name and Title: _____

Website: _____

Is your organization a 501(c)(3)? Yes ___ No ___

** If so, please attach a copy of the 501(c)(3) verification letter.*

Primary Objective of Organization:

What unique community service does your organization provide?

Mission Statement:

Partnering Organizations:

Annual Operating Budget for this Fiscal Year: _____

Current primary funding sources

Plans to Maintain Funding Sources:

Major Program Descriptions:

Description of Children's Programs:

Funding Priorities/Needs:

Can contributions be earmarked for specific programs? Yes ____ No ____

Schedule of all Planned Fundraisers and Events for the upcoming year:

****It is critical to the event's success that the charity partner assists with event planning, event staffing, event marketing & administrative assistance. To what extent is your organization able to assist with these needs?***

Feel free to attach any printed materials about your organization or its programs that may be useful in considering your application (brochures, business plan, etc.).

***** Completed applications are due by July 1st of the calendar year preceding the event date ***
PLEASE EMAIL COMPLETED APPLICATIONS TO CharityPartner@beadsforneeds.org**