



# 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:

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What unique community service does your organization provide?

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Mission Statement:

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Partnering Organizations:

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Annual Operating Budget for this Fiscal Year: \_\_\_\_\_

Current primary funding sources

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Plans to Maintain Funding Sources:

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Major Program Descriptions:

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Description of Children's Programs:

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Funding Priorities/Needs:

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Can contributions be earmarked for specific programs? Yes \_\_\_\_ No \_\_\_\_

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

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**\*\*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?\***

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*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 1<sup>st</sup> of the calendar year preceding the event date \*\*\***  
**PLEASE EMAIL COMPLETED APPLICATIONS TO [CharityPartner@beadsforneeds.org](mailto:CharityPartner@beadsforneeds.org)**