

Saints Peter and Paul Parish Christian Service Commission Questionnaire for Organizations Requesting Funds

Name of Organization

Contact Person

Street		
City	State	Zip

Organization Address

Telephone

Website Address

Goal or Mission of the Agency: _____

Type of Services Provided: _____

Services Provided to Whom: _____

**Average Number
Of Clients**

**Length of Time
Providing Service**

**Location Where
Services are Provided**

How do they determine who receives services: _____

**Number of
Volunteers**

**Number of
Paid Staff**

**Are there any SSPP Parishioners
Involved in this organization?**

Yes

No

**Is the person submitting this request
involved in the organization?**

Yes

No

What are the funding sources for this organization: _____

**Have they received funding from
SSPP previously?**

Yes

No

**Is this an IRS 501 C approved (tax-
exempt charitable) organization?**

Yes

No

**Is a copy of their annual financial
statement available?**

Yes

No

If yes, name of person who can provide it

Is the organization affiliated with any religious organization?

Yes

No

If yes, which one?

Is there something specific that this contribution will be used for?: _____

Please explain why you are recommending this organization: _____

Respectfully Submitted by: _____

For Committee Use Only:

Reviewed by: _____

Recommendation of interviewer (should we donate to this agency/organization)?

Yes

No

Final Recommendation and Action: _____
