



November 29, 2022
Participating Organization Application

Name of Organization _____

Address _____

Contact Person _____ Title _____

Email Address: _____

Telephone (Daytime) _____ Telephone (Evening) _____

501(C)(3) # _____

*** Include a copy of your organization's License to Solicit from the State of Michigan (required)**

What Population Do You Serve? _____

Annual Operating Budget \$ _____

Statement of Need (Why should you be selected to participate in Giving Day?):

Provide details of how you plan to use funds generated through Giving Day.

How will you raise funds on Giving Day? Do you have the ability to run a social media campaign? If so, how would you do that?

What programming have you offered our community in the past year? And what were those results?

How is your organization active in the Hillsdale County community? Please outline your partnership activities (list your involvement in collaborative groups, projects, etc.).

Please explain how your organization is an active partner of HCCF. And did that partnership include you running a Give Where You Live Campaign in your organization?

Return application to HCCF no later than August 12, 2022 at 4 p.m.

Please note that application submission is not a guarantee that an agency will be selected to participate.

Hillsdale County Community Foundation
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