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| **Quota Mission Statement**  *Quota of Indiana, PA is a non-profit organization supporting those in need in our community; bringing together individuals committed to sharing their time, talent, and resources to educate, provide outreach, and build financial support to benefit the community.* |

## Organization Information

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| --- | --- | --- | --- | --- |
| Name (include parent organization if applicable) | | Click here to enter text. | | |
| Street Address | | Click here to enter text. | | |
| City, ST, ZIP Code | | Click here to enter text. | | |
| 501C (yes/no) | | Choose an item. | | |
| Federal EIN Number (FEIN) | | Click here to enter text. | | |
| Funding Sources: | Private: Click here to enter text. | | Public: Click here to enter text. | Other: Click here to enter text.  Please describe: Click here to enter text. |
| Describe the Organization’s Mission:  Click here to enter text. | | | | |

## Contact Information

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Title | Click here to enter text. |
| Email | Click here to enter text. |
| Phone Number | Click here to enter text. |

## Project Information (attach any supporting documentation)

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| --- | --- |
| Name of Project | Click here to enter text. |
| Description and background of Project | Click here to enter text. |
| Geographic Area Served by Project | Click here to enter text. |
| Number of People Served by Project | Click here to enter text. |
| Volunteer/Service Opportunity to Support the Project. Describe needed resources and timeframes. | Click here to enter text. |
| Donation Amount Requested | Click here to enter text. |
| Describe how the requested funds will be used for the Project:  Click here to enter text. | |

### Mail completed application to Quota of Indiana, PO Box 932, Indiana, PA 15701 or email to [Indianaquotaprez@gmail.com](about:blank).

Applications will be reviewed within 60 days of receipt.

Completion of an application does not guarantee approval of funds.