

# STEPPINGSTONES COMMUNITY PARTNER

## Request Form

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Charitable Organization:

Primary Contact Name:

Title:

Phone Number:

Email:

Charity Mission Statement:

Charity Purpose:

Are you a registered charity?

Yes  No

Are you an audited charity?

Yes  No

What are your primary objectives for 2023?

Why is your organization interested in becoming a SteppingStones Community Partner?

If awarded funds, what will the funds go toward? If yes, what opportunities would be available to our team?

Does your organization offer volunteer opportunities?

How did you hear about becoming a SteppingStones Community Partner?