

STEPPINGSTONES COMMUNITY PARTNER

Request Form

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 the upcoming year?

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

If awarded funds, what will the funds go toward?

Does your organization offer volunteer opportunities? If yes, what opportunities would be available to our team?

How did you hear about becoming a SteppingStones Community Partner?