

# **SSI Shares Donation Request Form**

Please review the following policies and procedures carefully:

1. Completion of this form does not guarantee that SSI Shares will accommodate your request.
2. IRS approved 501(c)(3) charities must submit applications no later than 15 Feb or 15 Aug for consideration in each respective award cycle.
3. An SSI Shares representative will contact you by phone or email regarding your request’s approval.
4. SSI Shares supports local North Alabama organizations.

|  |
| --- |
| **SECTION I: CONTACT INFORMATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ORGANIZATION |  |  |  |  |
|  |  |  |  |  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
|  |  |  |  |  |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
|  |  |  |  |  |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State: \_\_\_\_\_\_ | Zip: \_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |
| Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |
| PRIMARY POINT OF CONTACT |  |  |  |  |
|  |  |  |  |  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |
| Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State: \_\_\_\_\_\_ | Zip: \_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **SECTION II: CHARITY INFORMATION** |

Please provide your answers for the following questions on a separate sheet.

1. Identify the purposes for which the applicant is organized, e.g., charitable, cultural, or business.
2. Identify the purposes for which the contributions to be solicited will be used.
3. What is your organization’s mission?
4. What are your organization’s goals?
5. What progress is your organization making towards its goals?
6. 6. What percentage of my donation goes to the cause?

|  |
| --- |
| **SECTION III: ADDENDUMS** |
| Include the following documentation with your submission. |
| 1) **Description of Services/Narrative -** In the context of the law, describe the qualifying service(s) that your organization provides, the qualifying population(s) your organization serves, and how seventy-five percent or more of your operating budget is spent on providing those qualifying services to qualifying Alabama residents.  2) **Financial Statements** - Submit a copy of your financial statements for the prior operating year indicating the amount spent on services that provide a basic need to low-income residents, Temporary Assistance for Needy Families recipients or individuals who have a chronic illness or physical disability.  3) **Federal Tax Exemption** - Submit a copy of your federal 501(c)(3) letter or a copy of your status as a community action agency that receives community services block grant program monies. |

|  |
| --- |
| **SECTION IIII: APPENDIX** |
| Qualifiers |
| 1. Must be open to all members regardless of sex, race, religion, political affiliation, ability to pay, or other background. 2. Must contribute to health and/or social welfare. 3. Must be recognized under Section 501(c)(3) of the IRS code. 4. Must **NOT** be:    1. Political.    2. Tax supported.    3. Cultural/civic.    4. Religious organization.    5. An individual.   \* SSI Shares, Inc. awards will not be used to support any organization that is fundamentally religious in nature or that is characterized as adhering to the principles or beliefs of a particular religion or religions. Humanitarian groups or organizations that are formally affiliated with another religious organization are similarly disqualified. |

SUBMITTED BY ***(Must be an officer of the organization)***

|  |  |
| --- | --- |
| **Printed Name:** | **Title:** |
| **Signature: \_\_\_** | **Date:** |

|  |
| --- |
| **SUBMISSION INSTRUCTIONS** |
| Send this entire form **and** addendums to: |
| Stratagem Solutions, Incorporated  228 Holmes Avenue NE, Suite 400  Huntsville, Alabama 35801  **OR** email to:  [tianna.trudeau@ssi-hsv.com](mailto:tianna.trudeau@ssi-hsv.com)  *\*Use subject: “SSI Shares Application – [name of your organization] “* |