

Pro Bono Client Application



Organization Information

Name	
Street Address	
City/ ST/ ZIP Code	
Phone Number	
Website URL	

Contact Information

Name	
Title	
Phone Number	
E-Mail Address	

Organization Details

Year of Founding	
Briefly describe your non-profit status or designation.	
Number of Employees	
Number of Full-time Paid Employees	
Annual Budget for Previous Year	
% Programming	
% Overhead	
Do you have a Board of Directors?	
Primary Sources of Funding	
Do you have an Annual Report?	

Organization Description

Provide a brief description of your organization's mission and history.

Services Provided

Provide a description of the work your organization performs and the services offered.

Pro Bono Services Request

Specifically state your current challenge, the M Powered Strategies services you are requesting, and the objectives you wish to achieve.

How Did You Learn About Us?

Please let us know how your organization learned about the M Powered Strategies Pro Bono Program.

Agreement and Signature

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as a pro bono partner, any false statements, omissions, or other misrepresentations made on this application may result in applicant dismissal or contract annulment.

Name	
Signature	
Date	

Submission

Once this application is completed please email it to M Powered Strategies Community Engagement Manager, Kat McDonald. <Kathryn.McDonald@mpoweredstrategies.com>