

Pro Bono Client Application

Organization Information	
Name:	
Street Address:	
City/State/Zip Code:	
Phone Number:	
Website URL:	

Contact Information	
Name:	
Title:	
Phone Number:	
Email 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 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, Julianna Driskel at julianna.driskel@mpoweredstrategies.com.