

Young Professional Initiative
PHILANTHROPY OF THE YEAR APPLICATION
Cover Sheet

Date of application:	
Legal name of organization applying:	
Contact person, title:	
Telephone number:	
Fax number:	
Email address:	
Mailing address of organization (include city, state and zip):	

I certify that all information found within this application is true and correct.

Signature, Executive Director: (please type name and title):	
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Mail Completed Application To:
Young Professional Initiative
400 Edwards Street
Shreveport, LA 71101

OR

Email Completed Application To:
ypi@shreveportchamber.org

Young Professionals Initiative
Philanthropy of the Year Application
Narrative

INSTRUCTIONS: USING NO MORE THAN TWO (2) PAGES, ANSWER THE FOLLOWING EIGHT (8) QUESTIONS.

ORGANIZATION

1. **MISSION:** *(State your organization's mission.)*

2. **VISION / GOALS:** *(Briefly describe your organization. Include issues the organization is working to address, and the types of services and programs offered.)*

3. **STAFF:** *Please disclose how many paid employees you have on your staff.*

SUPPORT FROM YPI

4. **WHAT KIND OF IMPACT DO YOU FORSEE THIS ORGANIZATION WILL HAVE WITH THE SUPPORT FROM THE YPI?**

5. **HOW CAN THE YPI ASSIST YOUR ORGANIZATION THE MOST?**

6. **WHAT EVENTS DO YOU HOLD THROUGHOUT THE YEAR IN WHICH THE YPI CAN PARTICIPATE?** *(Please provide a calendar of events including dates, times, and locations)*

7. **WHAT POPULATION DO YOU SERVE?**

8. **HOW WOULD YOU EVALUATE THE EFFECTIVENESS OF OUR SUPPORT?**