



**Women's Business Council's
Adopted Nonprofit Confidential Application
Applications now being accepted for both
2019 and 2020**

Requirements:

- Please initial here _____ that you have read and understand the [expectation of the nonprofit](#).
- The adopted nonprofit must be a Capital Region Chamber member in good standing and be willing to have a representative regularly attend WBC programs and committee meetings.
- All organizations applying must have been established for five years or more.
- Organizations which have been designated the WBC Adopted Nonprofit within the past 10 years are not eligible to apply. To view previous adopted nonprofits, please click [here](#).

Organization _____

Organization's Address _____

Name _____ Title _____

Phone Number _____ E-Mail _____

Please provide your mission statement. If your mission statement does not make clear what your organization aims to do – its core purpose – then state in one to two sentences what change your organization is trying to make in the lives of people, cause(s) and/or the community(ies) you serve. Explain how this mission guides the management of your organization. Provide specific examples.

Essay Response Worksheet

Each response to the questions listed below is limited to 250 words. Please note: the selection committee will only consider the first 250 words of each response if the word count is exceeded.

1. How does your organization address the needs of women?
2. The purpose of this partnership is to create a platform for exposure; please **provide a detailed plan** on how you will utilize this opportunity to increase awareness.
3. What do you hope to achieve by the end of this experience?
4. Why do you believe the WBC should select your organization?

Required Document:

- A copy of the organization’s Internal Revenue Service 501(c)(3) designation

Name a contact from the organization who will serve on the WBC Steering Committee.

Name _____ Title _____

Phone Number _____ Email _____

Letters of Recommendation

Letters of recommendation are strongly encouraged. A maximum of three letters will be accepted.

The selection committee is comprised solely of volunteers that base their decision on the information provided in the application. We encourage you to provide complete answers and detailed information.

Nominator Information

If you are nominating an organization, please fill out the contact information below:

Name _____

Organization/Company _____

Title _____ Address _____

Phone Number _____ E-Mail _____

Applications must be received by Wednesday, October 31, 2018

Please send completed application to:
 Capital Region Chamber | Attn: Marna Redding
 5 Computer Drive South | Colonie, NY 12205
 Email: mredding@capitalregionchamber.com