

**ORGANIZATION DOCUMENTATION FORM**



**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Organization’s Mission Statement:** *Please write or attach a statement*

**How did the volunteer activities or donation provided by CSB employee(s) benefit the organization and the individuals the organization serves?**

**Information about the individuals served by the organization:** *Numbers can be reported as percentages or as a specific number of individuals.*

Currently, the organization serves approximately \_\_\_\_\_ total individuals.

Currently, \_\_\_\_\_ of the individuals the organization serves qualify as low to moderate income as described below.

**How does the organization determine whether individuals are low to moderate income (LMI)?** *Check any boxes that apply:*

- Income- LMI is defined as income below \$63,680\* in Polk County
- Individuals qualify for reduced cost hot lunch programs, government subsidized housing or other income- based government sponsored program.
- Other: \_\_\_\_\_

**I have reviewed this information and to the best of my knowledge it is accurate:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\*Please attach all supporting documentation (emails, letters, brochures, etc.)