

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 \$67,840* 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.)

*Low to Moderate Income information current as of 08/17/2020.