



Carts for Corvallis Application

Organization Name _____

Mailing Address _____

Phone _____

Contact Person _____

Non-profit Tax ID# _____

1. Describe your organization's mission and current funding sources. You may enclose additional information or literature.

2. In what way(s) would your organization provide public recognition of the Co-op's donation?

3. Would you be willing to attend a Staff Forum to educate us about your organization? Y N

4. One Percent for Corvallis or Carts for Corvallis recipient in the past? Y N

If so, how many times? _____

5. Would you like the donation to be targeted to a specific fund or project? Y N

If so, please describe:

Application must be returned to First Alternative by September 1st of the voting year. Please mail to the attention of Outreach Asst. Ashley Ottombrino, 1007 SE 3rd St, Corvallis, OR 97333.