



APPLICANT INFORMATION

I am interested in utilizing the services provided by York County Community Foundation Energy Program. Please contact me to arrange for an initial visit to discuss my facility's energy saving opportunities and/or green building practices.

Organization		EIN #	
Contact Person's Name & Title			
Address			
City		State	ZIP Code
Phone	E-mail		Fax
Date Received 501(c)3 Status		Date Organization Chartered	

Mission of Organization

Describe Types of Services Provided and number of people/families served annually

What are the current goals of the organization?

How many members serve on your Board of Directors? *Provide a list of Board Members and their positions.*

Total amount of Annual Operating Budget.

List top 4 sources of funding for operating budget in descending order.

PROJECT DETAILS

Retrofit (minor renovation)	Major Renovation	New Construction
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List facility address(es) included in the project, square footage of each property and if the property is owned or leased.

