

# charitable partner application

Name of Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WHILE WE DO SUPPORT OTHER CHARITIES, OUR CHARITABLE PARTNERS ARE ENCOURAGED TO MEET THE FOLLOWING CRITERIA IN ORDER TO BE CONSIDERED FOR SUPPORT FROM THE VITAL LIFE FOUNDATION:

- 1 A Vital Life Foundation Board Member shall be involved in a leadership position for the Charitable Partner (a Board of Director's position would be preferable but not a requirement). It is our goal to be an active, committed participant with our Vested Partners. We want our investment in our charitable partners to include not only a financial contribution but active, committed participation.
- 2 A commitment to work collaboratively on developing programs that will allow our clients and staff to make a difference in the lives of the recipients of the charitable organization's services. The time that our clients and staff volunteer will provide meaning and vitality in their lives and will also result in a financial contribution by the Vital Life Foundation (\$/hour of volunteer time).
- 3 Charitable partners shall have a mission and a purpose that positively impacts youth, families, health and wellness, women and/or seniors.
- 4 Charitable partners shall provide services to recipients in geographic locations that are aligned with Marquis and Consonus service areas.

Does your organization or program fit into the following criteria?

- Tax exempt, non-profit under section 501(C) (3) of the Internal Revenue Code?**  
 Yes \_\_\_\_\_ No \_\_\_\_\_
- Positively impact the following areas (Please check all that apply):**  
 Youth \_\_\_\_\_ Women \_\_\_\_\_ Families \_\_\_\_\_ Seniors \_\_\_\_\_ General health and wellness \_\_\_\_\_
- An academic institution with a long term care program?**  
 Yes \_\_\_\_\_ No \_\_\_\_\_
- Does Marquis or Consonus provide services in the community where your program is based?**  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Organization's Mission Statement: \_\_\_\_\_

MAIL/E-MAIL THE CHARITABLE PARTNER APPLICATION TO:

Vital Life Foundation  
 4560 SE International Way, Suite 100  
 Milwaukie, OR 97222  
**info@vitallifefoundation.org**

*VLF reserves the right to withhold matching funds to organizations that discriminate against a person or a group on the basis of age, political affiliation, race, national origin, ethnicity, gender, disability, sexual orientation or religious belief.*