



Beneficiary Application Questionnaire

Date: _____

Event Year Requested For Consideration: _____

Name of Organization: _____

Person/Position filling out Questionnaire: _____

Contact Phone# and email address: _____

How do you consider yourself affiliated with fire service, fire emergency field, first responders, disaster relief, or the events of 9/11? _____

How long has your organization been in existence? _____

Are you a 501(c)3? _____ (EIN number for verification) _____

Is there any particular reason or cause that you are currently needing assistance? _____

Received by: _____

Reviewed by: _____ Date: _____

Approximately what percentage of your financial support comes directly from donations? _____

What percentage of your board/committee is volunteer vs. compensated? _____

If chosen as this year's beneficiary would you or your staff be present at the event and you, staff, or volunteers be willing or able to assist on event day? _____

Please tell us any other information you would like to share with the SAN ANTONIO 110 committee:

Please fill out information to the best of your ability and as you see fit to disclose. Prior year Form 990 for a 501(c)3 may be obtained for additional information to assist with determination. Please feel free to attach answers or add any additional information to an attachment.

Thank you for your interest in becoming a SAN ANTONIO 110 9/11 Memorial Climb beneficiary!

Any questions please feel free to contact:

Dawn Solinski
Founder and Event Director . San Antonio 110 9/11 Memorial Climb
Founder and CEO . The Bernie Grace Foundation
210.392.2006
director@sanantonio110.com

Received by: _____

Reviewed by: _____ Date: _____