

# Tree of Sharing

## AGENCY INFORMATION FORM

Name of Agency or Organization \_\_\_\_\_

Address \_\_\_\_\_

Number

Street name

St, Ave, Rd, etc.

City

State

Zip plus four

Agency Director is: \_\_\_\_\_

Agency phone number \_\_\_\_\_

Federal Tax Identification number \_\_\_\_\_

Contact Person(s) name(s) \_\_\_\_\_

Contact Person(s) phone number(s) \_\_\_\_\_

Contact Person(s) email address \_\_\_\_\_

*This form can be filled out and submitted electronically. You will need the latest version of Adobe Acrobat Reader (Type in the-website address below or copy and paste it in your browser). When you have filled out the form, just click on the submit button (either at the top or bottom of the form) and the form will be sent to Tree of Sharing .*

*Thank you*

<https://get.adobe.com/reader/>

### Board of Directors

Name

Phone

Name

Phone

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please fill out both sides!

**Tree of Sharing - Agency Information (continued)**  
**(This must be completed for ALL agencies!! Bring to the Organizational Meeting)**

Please state the mission of your agency:

Who are your clients? What criteria of need do your clients have to meet?

How do you determine client financial need?

How long has your agency been serving the Spokane Community? How do you know that you are meeting need? How do you evaluate services?

What are the sources for agency funding?

By what criteria do you select clients for the **Tree of Sharing**? Do all of your clients participate?

**Please fill out this side or attach your info.**

