ATTACHMENT A
COVER SHEET

ATTACHMENT B
COVER SHEET

ATTACHMENT C
COVER SHEET

ATTACHMENT D
COVER SHEET

ATTACHMENT E
COVER SHEET

Attachment E Fillable Template (Information for charity brochure listing)

Complete **all** of the required elements in the template. The telephone number must be reachable from any location in the U.S. The 25-word statement should describe real services, benefits or program activities your organization provides and should not include your organization's name (can include a *former* name, which will count as part of the 25-word statement.)

Organization Name:

Organization Legal Name (If different):

EIN#:

Administrative & Fundraising Rate (AFR): % *From Certification Statement 7, pg. 12 of your application*

25-word Statement (Do not repeat organization's name):

Public Phone:

Public E-Mail:

Internet Address:

NEW Taxonomy Codes

Pick three in order of importance
Enter 1, 2, and 3 in the space next to appropriate letter.)

☐ A	Arts, Culture, and Humanities	☐ N	Recreation &Sports
☐ B	Educational	☐ O	Youth Development
☐ C	Environment	☐ P	Human Services
☐ D	Animal Related	☐ Q	International, Foreign Affairs & National Security
☐ E	Health Care	☐ R	Civil Rights, Social Action & Advocacy
☐ F	Mental Health & Crisis Intervention	☐ S	Community Improvement & Capacity Building
☐ G	Voluntary Health Associations & Medical Disciplines	☐ T	Philanthropy, Voluntarism & Grant Making Foundations
☐ H	Medical Research	☐ U	Science & Technology
☐ I	Crime & Legal Related	☐ V	Social Science
☐ J	Employment	☐ W	Public & Social Benefit
☐ K	Food, Agriculture, Nutrition	☐ X	Religion Related
☐ L	Housing & Shelter	☐ Y	Mutual Membership Benefit
☐ M	Public Safety, Disaster Preparedness & Relief	☐ Z	Unknown

Attachment A Template

Organization Name:

Service Office Address:

COMPLETE STREET ADDRESS

CITY COUNTY STATE ZIP CODE

Organization's Dedicated Phone Number:

Hours of Operation Per Each Day of the Week ***(Example: Monday-Friday, 9AM – 3PM: Sunday, closed):***

Attachment A: Human Health and Welfare Services provided during calendar year 2014:

(Please list all services provided in your service area and attach additional pages and supplemental data as needed.)

Location(s)	Date(s) of Service	Description of Service Benefit, Assistance or Program Activity with number of beneficiaries (be specific)

Organization Name:

Attachment A: Human Health and Welfare Services provided during calendar year 2014:

(Please list all services provided in your service area and attach additional pages and supplemental data as needed.)

Location(s)	Date(s) of Service	Description of Service Benefit, Assistance or Program Activity with number of beneficiaries (be specific)