



# Solution Determination Form

Applicants must be an Officer, Staff, Volunteer, or Member of a non-profit organization

## General Information

This application is being filed for an ( Organization / Individual ) Applicant ID: \_\_\_\_\_  
 Persons Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Phone (     )     -     Email: \_\_\_\_\_

## Organization Information

Organization: \_\_\_\_\_ Organization ID: \_\_\_\_\_  
 Mission: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Phone (     )     -     Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

## Organization Personnel

Officer: \_\_\_\_\_ Position: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Officer: \_\_\_\_\_ Position: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Officer: \_\_\_\_\_ Position: \_\_\_\_\_ Contact: \_\_\_\_\_

## Participation Information

Are you active within this organization? ( Yes / No )     From: \_\_\_\_\_ To: \_\_\_\_\_  
 Position: \_\_\_\_\_ ( Officer / Staff / Volunteer / Member )  
 Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Solution Inquiry

Describe why you or your organization is applying? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 What do you perceive the benefits will be to the organization and / or yourself? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Office Notes

For The Inpito's Use

\_\_\_\_\_  
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