

REQUEST FOR CHARITY SELECTION

Meeting Professionals International - Middle Pennsylvania Chapter

With the multitude of charities available in Central Pennsylvania, MPIMP seeks to fairly identify a charity or charities to support annually. Please complete this form in its entirety. The MPIMP Board of Directors will review this information carefully and uses a rating system for each category to determine final charity selection(s).

YOUR NAME _____

YOUR CONTACT INFO _____

NAME OF PROPOSED CHARITY _____

MISSION AND VISION

The mission and vision of the proposed charity should be such that the MPIMP organization, as a whole, sees value. Specifically, what is that charity doing to make the region a better place? Are the initiatives within that organization achievable? Is it reasonable to assume that MPIMP membership would support that effort and want to help?

Please provide the mission of this charity _____

Please provide the vision of this charity _____

PRESENCE and REACH

Is the presence of this charity local, regional or is it state-wide? _____

CHARITY GOALS

Does this charity have realistic goals, both present and future? _____

TRANSPARENCY

Is this charity open to answering donor questions? Yes ____ No ____

If there is a facility, are they open to providing a tour? Yes ____ No ____

Does the charity have a website? Yes ____ No ____

If yes, does it include information about their Board of Directors and staff? Yes ____ No ____

Do they publish their financial information? Yes ____ No ____

What percentage of funds are used to directly support the cause? _____

What percentage of funds are used for administrative line items? _____

PROCESS FOR PROVIDING SUPPORT

Can funds be collected individually online or should they be collected by individuals and then MPIMP submits one lump sum to the organization? _____

What is the process if support is in the form of providing materials or offering time, i.e. a Food Bank or Habitat for Humanity, etc.? _____

Is the spokesperson for this particular organization an MPMPI member? Yes ____ No ____

FOLLOW-UP REPORT

The chosen charity is required to provide a report on how funds/support was used. Is this charity willing to provide such a report to the MPIMP Board of Directors? Yes ____ No ____

RETURN FORM TO:

CYNDILOU FOSTER louloufoster@comcast.net NO LATER THAN 12/1/18