

COMMUNITY PARTNERSHIP APPLICATION

ORGANIZATION INFORMATION

1. Name of Organization:

Tax ID#:

Address:

Website:

2. Please provide contact details for the person who will manage this partnership.

Contact Name:

Contact Title:

Email:

Phone:

3. Please provide contact details for the person who will lead volunteer efforts.

Contact Name:

Contact Title:

Email:

Phone:

4. Please select the City Center/ counties where your nonprofit operates.

Los Angeles County

Orange County

San Diego County

5. Please mark your agency's areas of focus:

Animal Services

Art and Design

Environment

Homeless Services

Social Justice

Other: _____

After-School Services

College Access

Health and Wellness

Hunger Relief

Youth Mentorship

6. Please briefly describe your organization's history and mission. (250 words or less)

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7. **Please list your programs and services.**

8. **Please provide copies of the following:**

- 501 (c) 3 Tax Exemption Letter.
- Statement of Information – <https://bizfileonline.sos.ca.gov/search/business>
Uncertified copy is acceptable.
- Recent 990 Form.
- Current Budget.
- List of Top Five Institutional and Corporate Funders with funding years.

PROJECT INFORMATION

We are looking for opportunities to engage IIDA Southern California members virtually and in person to help raise awareness and make a lasting impact.

9. **How could IIDA Southern California members best contribute to your organization? (150 - 250 words)**

10. **How do you see your organization relating to the Interior Design industry? (150 - 250 words)**

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DISCLOSURES

For your organization to be considered for the IIDA Southern California Partnership, please confirm the following by adding your initials:

1. Your organization has a non-discrimination policy or can attest it does not discriminate based on age, race, national origins, religion, gender, sexual orientation, gender identity, disability or veteran status. _____
2. There are no material issues that may have an adverse effect on your organization, or IIDA Southern California, in terms of reputation, operations, financial condition or otherwise. _____
3. By entering this at-will partnership, you acknowledge that IIDA Southern California Chapter may in its sole discretion terminate this program or disqualify organizations from participation in the program at any time without prior written notice. _____

By signing below, you endorse the statements above and agree that if selected, you will notify IIDA Southern California Chapter if during the program year there is any significant change in your organization's:

- Name, location, high-level staff members, governance policies, jurisdiction, funding or financial condition, goals, projects or activities.
- Registration, section 501(c)(3) status, or classification as a public charity from the date of the documentation submitted with this application.
- Actions or events that can reasonably be expected to give rise to adverse publicity for your organization or IIDA Southern California Chapter.

AGREED BY

Signature:

Name:

Title:

Organization:

Date:

All submissions must be returned to outreachandphilanthropy@iida-socal.org by **March 31, 2025**, to be considered.