**CA Non Profit Certification Questionnaire**

This Questionnaire is used to register and apply for Certifications.

Before you fill out this questionnaire, please confirm that:

* Is your organization Incorporated with the State and have you received your 501c3 Tax Exempt Status? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No (please explain)
* When date did your organization become Incorporated with the State? (Or please provide Articles of Incorporation)
1. Full Name of Organization:
2. Contact Person
3. Name of the officer who will sign documents and title
4. Mailing Address(of Organization):
5. Physical Address (of Organization) + **County:**
6. Contact Phone Number:
7. Email:
8. Website:
9. EIN:
10. Gross Revenue of Organization
11. Number of employees
12. What is your organization mission?
13. What type of services/programs do you provide?