



THE WOODLANDS  
*Charities*

SERVING MONTGOMERY COUNTY

**REQUEST FOR PROPOSAL**

**CONTACT INFORMATION**

Agency Name: \_\_\_\_\_

Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

**ORGANIZATION INFORMATION**

Are you a 501(c) (3) organization?  YES  NO EIN: \_\_\_\_\_

Year founded: \_\_\_\_\_ Number of Paid Staff: \_\_\_\_\_

Please describe the mission and vision of your organization:

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Please describe the major services and goals of your organization:

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Please describe the community needs that your organization addresses:

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What geographic area does your organization service? \_\_\_\_\_

