



2018 - HELPING HAND APPLICATION

ORGANIZATION NAME: _____ NON-PROFIT #: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ COUNTY: _____ CHARTER DATE: _____

PHONE #: _____

WEBSITE (IF AVAILABLE): _____

CONTACT NAME: _____ CONTACT PHONE #: _____

TITLE: _____ EMAIL ADDRESS: _____

DO YOU OWN THE PROPERTY?

PLEASE DESCRIBE PROPERTY INCLUDING APPROXIMATE SIZE.

WHAT IS THE PROPOSED PROPERTY ADDRESS?

IS THE LOCATION OF THIS PROJECT WITHIN CITY LIMITS?

ARE THERE RESTRICTIONS WITH LOCAL BUILDING CODES IN THE AREA?

DOES THE PLANNED BUILDING SITE INTERFERE WITH ANY EXISTING EASEMENTS OR RIGHTS OF WAY ON THE PROPERTY?

WHAT IS THE PURPOSE OF YOUR ORGANIZATION?

HOW MANY PEOPLE DO YOU SERVE?

WHAT SERVICES DO YOU OFFER?

WHY ARE THESE SERVICES IMPORTANT TO YOUR CLIENTS?

HOW DID THE ORGANIZATION BEGIN?

DO YOU HAVE A BOARD OF DIRECTORS? IF SO, PLEASE DESCRIBE.

DO YOU HAVE AN EXECUTIVE DIRECTOR? PLEASE PROVIDE CONTACT INFO.

HOW WOULD A MUELLER METAL BUILDING MAKE A DIFFERENCE IN YOUR ORGANIZATION AND BENEFIT YOUR SURROUNDING COMMUNITY(S)?

WHAT CHALLENGES ARE YOU FACING WITH YOUR CURRENT FACILITIES?

LIST THE ACTIVITIES YOU HAVE ALREADY COMPLETED TO ACCUMULATE FUNDS FOR A NEW BUILDING. (i.e. FUNDRAISING, GRANTS, ETC.)

**WHAT SIZE OF STRUCTURE WOULD BEST SUIT YOUR ORGANIZATION'S NEEDS?
(up to 4,000 square feet, maximum 14' eave height, maximum 4/12 pitch)**

GIVE A BRIEF DESCRIPTION OF BUILDING REQUIREMENTS (WALK DOORS, ROLL-UP DOORS, WINDOWS, ETC)

THE RECIPIENT OF THIS AWARD IS RESPONSIBLE FOR FOUNDATION, SLAB, PLUMBING, ELECTRICAL, ETC. HOW WOULD YOUR ORGANIZATION FUND THESE EXPENSES? (PROOF OF FINANCIAL RESPONSIBILITY MAY BE REQUIRED)

INFRASTRUCTURE MUST BE IN PLACE BY SEPTEMBER 15, 2018. COULD YOUR ORGANIZATION MEET THIS REQUIREMENT?

WHAT ARE YOUR ORGANIZATION'S SOURCES OF INCOME?

DOES ANY OF YOUR FUNDING COME FROM GOVERNMENT ENTITIES (LOCAL, STATE, FEDERAL)?

HOW DID YOU HEAR ABOUT MUELLER'S HELPING HAND PROJECT? (CHECK ALL THAT APPLY)

- TEXAS COUNTRY REPORTER
- NEWSPAPER
- RADIO
- FACEBOOK
- FRIEND/FAMILY
- OTHER _____

PLEASE LIST REFERENCES FOR YOUR ORGANIZATION – PEOPLE WHO HAVE DIRECTLY BENEFITED FROM YOUR ORGANIZATION'S SERVICES (MUST NOT BE MEMBERS):

NAME: _____ **PHONE #** _____

NAME: _____ **PHONE #** _____

NAME: _____ **PHONE #** _____

BY SIGNING AND SUBMITTING THIS APPLICATION, OUR ORGANIZATION AGREES TO THE OFFICIAL CONTEST TERMS AND CONDITIONS AND CONFIRMS THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE.

SIGNATURE: _____ **DATE:** _____

APPLICATION MUST BE RECEIVED NO LATER THAN MAY 15, 2018

SEND APPLICATIONS TO:
MUELLER, INC.
ATTN: MARKETING DEPT.
1913 HUTCHINGS AVE.
BALLINGER, TX 76821

877-2-MUELLER

www.muellerinc.com