

Legal name of the organization as indicated on the 501(c) (3) document	
Location - address of facility applying for the security grant enhancements	
Mailing, address if different	
Website address of the Nonprofit Organization (Verifiable)	
Email address of the Nonprofit organization	
Telephone number of the Nonprofit facility	
Contact information of the person submitting this form, including your title/role - Indicate if you are a contractor, organization staff or a volunteer (If you are paid you are not a volunteer)	
Are you <u>Authorized</u> by the applying organization to submit on their behalf? Yes/No	
Who completed the Investment Justification application?	
Primary Point of Contact (POC) Name Title/Role Email Address Telephone number/s	
Additional POC Name Title/Role Email Address Telephone number/s	