### NAME HERE

### CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  | Contact Name: |  |
| Applicant Email: |  | Contact Email: |  |
| Phone Number |  | Address: |  |
| Is your organization a Not for Profit (501(c)3) Business?: |  |

### CURRENT IT SUPPORT

|  |  |  |  |
| --- | --- | --- | --- |
| Does your organization have IT Staff members? |  | If yes, how many? |  |
| Do you currently work with an IT services company? |  | If yes, which company? |  |

### ORGANIZATION INFORMATION

## What is your organizations Mission?

## How many employees does your organization have?

## How do you plan to leverage technology in the future to further your organizations mission?

## What is your biggest technology challenge right now?

## Tell us a story that illustrates how your organization makes a positive impact on our community, or on our world.

## Describe your organization’s commitment to using employee feedback to improve your organizational culture.

## Do you have employee engagement or retention concerns? If so, please describe.

## Is there additional information you would like our panelists to consider while reviewing your application.