COMMUNITY PARTNERS PROGRAM APPLICATION

Service applying for (check one): ☐ Internet Service ☐ Video Service
(Multiple applications may be submitted for additional locations or service)

ORGANIZATION INFORMATION

Name:		
Location of Facility:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

Is your organization tax exempt under Section 501(c)(3)? Yes ☐ No ☐

Federal ID #:

Please check the primary service category of organization (check one only):

☐ Children and Families ☐ Education ☐ Environment ☐ Arts/Culture

Geographic Service Area (check all that apply):

☐ Bend ☐ Redmond ☐ Sisters ☐ Deschutes County

President of the Board or Executive Director

Name:	Title:

Contact Person

Name:	Title:
Phone:	Fax:
Email:	

ORGANIZATION BACKGROUND INFORMATION

(Please give a brief summary of the organizations' mission, goals, programs and major accomplishments.)

Number of Deschutes County residents served annually (if applicable):

SIGNATURES

Community Organization Authorizing Signature: I hereby verify that the information provided is accurate and honest to the best of my knowledge.	BendBroadband Authorizing Signature:
Name:	Name:
Title:	Title:
Date:	Date:

Submit Community Partners Program Applications to
BendBroadband
Attn: Community Partners Program
63090 Sherman Road
Bend, OR 97701
(Postmarked no later than December 1st)