

**Jennings County Network
Charity Tracker
Intent Form 2009**

Organizational Information

Name of Organization: _____

Organization Federal Tax ID #: _____

Organization Address: _____

City: _____ State, Zip _____

Organization E-Mail: _____

Organization Website: _____

Contact Person Information

Name: _____

Address: _____

City: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Our organization agrees to 2 year contract of network membership with Charity Tracker and the Jennings County Network. Jennings County United Way will pay for the first year of service. Our organization will pay for a full year of service beginning _____ To Jennings County United Way. The cost will be no more than \$170, and JCUW will notify us of any discounts affecting above price. Our organization understands there will be training available on both use of system and case managers' intake management.

Signature: _____ Date: _____