

INSPIRE FOUNDATION

APPLICATION FOR CONSIDERATION

Please complete this application to nominate yourself or an organization, family, or individual.

Contact information:

Name: _____

Address: _____

Phone number: _____

Email address: _____

Name of organization, family, or individual applying _____

Describe the need this project would address. _____

Describe the nature of the design project. _____

Describe any time constraints that would need to be considered. _____

Describe any additional fundraising sources that might be available to help support the implementation of these design services.

Selection is based on the best match between the project goals and the services we are able to provide.