

Phi Robotics Science and Technology Club

Status: Not Completed

Date: 9/7/2015

Contact Info

Organization Name (Legal Name) Phi Robotics Science and Technology Club

If your organization goes by a different name than your legal name, enter it here

If your organization is a subsidiary, please list the parent organization

Website URL of event or requesting organization, if available None

What type of non-profit/charity/501c or governmental organization is this? 501c3

If Other, please provide

Your organization's 501(c) federal taxpayer ID number 27-1782482

(IRS): Non-profit Organization Status 501(c)3

(IRS): Organization Legal Name PHI ROBOTICS SCIENCE AND TECHNOLOGY CLUB

(IRS): Organization Address 4602 W AVENUE J2

(IRS): Organization City LANCASTER

(IRS): Organization State CA

(IRS): Organization Zip Code 93536-7113

Your Canadian Government issue non-profit registration number

Organization Address (line 1) 4602 West Ave. J2

Organization Address (line 2)

Organization City Lancaster

Organization State/Province California

Organization Zip/Postal Code 93536

Organization Country U.S.A.

Organization Phone Number 661-406-5202

Extension # (if applicable):

Organization Fax Number

Contact Salutation Mrs.

Contact First Name	Kathy
Contact Last Name	Stinson
Contact Job Title	Officer Phi Omega
Contact Phone Number	661-406-5202
Extension # (if applicable)	
Contact Email Address	kathystinson@roadrunner.com
Were you referred by an employee or executive of our company?	No
First Name of WM Referring Employee	
Last Name of WM Referring Employee	
Email Address of WM Referring Employee	

Organization Info

Please describe your organization's mission and purpose.

Current Annual Operating Budget

What are your organization's general & administrative costs, including fundraising, as a percentage of total revenue?

Is your organization a current Waste Management customer?

If so, please provide account information and details.

Do any WM employees currently involved or volunteer with your organization?

Please provide full name(s) of the WM employee(s) and type of affiliation(s) with your organization.

Describe the service(s) your organization provides.

What is the reach of your organization?

How many people does your organization serve annually?

Who is eligible for your services?

How does your organization measure impact?

Have you received previous funding from WM?

Please list dates and amounts of previous funding

Please list your current major corporate, trust and individual donors, including level of support.

Program Info

Name of the program or event

Please provide a description of the program or event.

Total Program or Event Budget (in USD)

What type of contribution are you asking for?

What is the amount you are requesting?

For what specific purpose(s) will WM funding be used (staff position, program materials, food, etc)?

Are you requesting support for an event?

Type of event

If Other, please provide.

Date of event

Location of Event

Please provide the RSVP deadline for this event

What in-kind services are you requesting?

Quantity Needed

Special Request

Dumpster

Roll-Off

Rolling Cart-Trash

Rolling Cart-Recycle

Portable Toilet

Hand washing Unit

Event Trash Box

Waste Service Pick-up

Recycling Service Pick-up

Other (specify in special request column)

Date Service/Product is Needed?

Will there be a contact available to receive the product on a weekday?

What day is the contact available?

What time should the product be delivered?

Product Install Location

If the service/product is needed in a specific location, please attach an image to specify where exactly the product is needed.

Delivery Contact First Name

Delivery Contact Last Name

Delivery Contact Phone Number

Delivery Contact Extension # (if applicable)

Delivery Contact Email Address

Delivery Destination Address Line 1

Delivery Destination Address Line 2

Delivery Destination City

Delivery Destination State

Delivery Destination Zip

Volunteer Opportunities

Are there volunteer opportunities for WM employees?

Please select the number of potential WM volunteers/participants

What will participants be doing during this activity?

Volunteer Contact First Name

Volunteer Contact Last Name

Volunteer Contact Job Title

Volunteer Contact Email

Volunteer Contact Phone Number

Extension (if applicable)

Volunteer Contact Phone Number

Any additional comments regarding
the volunteer opportunity

Media & Advertising

Are logo/promotional opportunities
available for sponsors?

Please provide specifications

Please provide submission deadline

Please provide the email address
where submission is to be sent to

Please indicate how you plan to
promote this program/event.

How many impressions do you
expect?

Fund Disbursement Information

Check Payee First Name

Check Payee Last Name

Check Mailing Address (line 1)

Check Mailing Address (line 2)

Check City

Check State

Check Zip Code

Attachments

Additional Comments

501(c)3 Verification Attachment

Copy of organization W9

Additional documentation to support
your request (optional 1)

Additional documentation to support
your request (optional 2)

Additional documentation to support
your request (optional 3)

Additional documentation to support
your request (optional 4)

Terms and Conditions

Your organization does not discriminate on any unlawful basis in either hiring or employment practices, or in the administration of programs or services

Your organization does not discriminate on the basis of sexual orientation in hiring or employment practices, or in the administration of programs or services

This grant will be designated for service programs open to all persons regardless of religion and will not be used for religious instruction

(I) Your organization may receive this donation under its own policy and applicable laws and regulations; (ii) this donation will not negatively impact WM's current or future ability to do business with my organization; and (iii) this donation will not be used to corruptly influence any government official to obtain or retain business or any improper advantage

Representatives of the organization must be willing to discuss the charitable giving with the media, including press conferences, press releases, radio, etc.

Organization must be willing to publicize and acknowledge the donation from WM, including WM signage, putting an article in internal newsletters or any other internal communications with photos that include WM staff and recipients when applicable, radio, press releases, etc.

Letter to Mayor, Council Member(s) or members of the Board of Supervisors thanking WM for their assistance.

Representatives of the organization must come to public meetings to testify about WM being a good corporate community partner if requested.
