

NAME OF ORGANIZATION SUBMITTING APPLICATION:

ADDRESS OF ORGANIZATION: Number & Street City State Zip Code

YEAR ORGANIZATION WAS ESTABLISHED:	TAX STATUS: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4)	TELEPHONE NUMBER: ( )	FAX NUMBER: ( )
NAME OF PARTNER:		NAME OF PARTNER:	
ADDRESS OF PARTNER: Number & Street		ADDRESS OF PARTNER: Number & Street	
City State Zip Code		City State Zip Code	
YEAR PARTNERSHIP WAS ESTABLISHED:	NAME OF PROJECT:		

*(Please use separate sheet of paper if more space is needed)*

To be considered for the Mutual of America Community Partnership Award, please include, with the Application, a typewritten statement, not to exceed three pages in length, which addresses the following criteria:

- a brief description of the organization, its mission, goals and those it serves;
- a description of the partnership, its scope and the role of each partner;
- the number of people benefiting from the partnership;
- the duration of the partnership (a minimum of one year) and how/why the partnership was started;
- a demonstration that the partnership has made a difference;
- the ability of the partnership to replicate and stimulate new ideas in addressing social issues; and
- the partnership's commitment to advancing the mission and principles of the organization.

Not  
Included Included

In addition, the organization should include a copy of the following:

- most recent annual report .....   \_\_\_\_\_  
*If not, please explain*
- financial statement .....   \_\_\_\_\_  
*If not, please explain*
- a comprehensive list of the individuals comprising the governing body of the organization (board of directors or trustees and principal officers) . . . .   \_\_\_\_\_  
*If not, please explain*
- contact person \_\_\_\_\_ ( )  
NAME OF PERSON AT YOUR ORGANIZATION TO CONTACT CONCERNING THIS APPLICATION (please print) TELEPHONE NUMBER

E-MAIL ADDRESS

Completed Application should be sent to:

Mr. Thomas Gilliam  
Chairman and Chief Executive Officer  
Mutual of America Foundation  
320 Park Avenue  
New York NY 10022-6839

Telephone Number: (212) 224-1147  
Fax Number: (212) 207-3001

Completed Applications must be postmarked no later than April 1, 2017. Applications that fail to meet the criteria will not be considered. All decisions concerning the Mutual of America Community Partnership Award will be final.

The organization named above is applying for consideration as a recipient of the Mutual of America Community Partnership Award and has submitted the information required.

NAME OF CHIEF EXECUTIVE OFFICER AND TITLE

DATE