



IKEA Carson  
COMMUNITY SUPPORT PROGRAM APPLICATION

After reviewing our community support guidelines, please complete the application **in full**.  
(Please print or type)

**ORGANIZATION INFORMATION:**

Date of Application: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

(Please attach proof of IRS finding document showing 501(c)(3) status)

Contact Name and Title: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Affiliations: (National/Local) \_\_\_\_\_

Program/Project Title: \_\_\_\_\_

Program/Project date(s): \_\_\_\_\_

Have you received donations from IKEA in the Past?  Yes  No

If Yes, please state project name (if different) date, and amount.

\_\_\_\_\_  
\_\_\_\_\_

Please provide a brief description of the history of your organization (max 250 words):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROJECT INFORMATION:**

We look forward to hearing your ideas for an exciting relationship with IKEA Carson, and how you see IKEA Carson playing an active role in your project. Please attach an outline of the concept of your organization's project (1 page max, single spacing) and then answer the following related questions:

What are the key objectives of this project?

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In your opinion, explain how you feel that this project proposal's objectives are aligned with IKEA Carson's charity support objectives.

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Who and how many people would benefit from this relationship?

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In what ways could your organization or project benefit from IKEA home furnishings or accessories?

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With the implementation of your project idea, how will your organization's services become more effective?

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How will changes be sustained after IKEA support ends?

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Please indicate which of the following commitments from IKEA Carson are needed to make this project successful

Product Donation: List, if applicable, product name and cost if available

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Volunteers: If your project would require volunteers, please describe the work involved, how many volunteers would be needed and how many hours would be expected.

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In relationship with IKEA Carson, what resources, time, commitments and/or assets will your organization contribute to the project?

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Please list other corporations or organizations that are currently involved with this project and/or with whom you have applied for assistance

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In addition, please provide the following:

- List of your current Board of Directors
- Copy of 501(c)(3) Letter
- One-page breakdown of your organization's funding sources and allocation categories
- One copy of a recent newsletter, if available
- Please explain if your receive local or national grants

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Does your company have a website?     Yes     No

If yes, please provide web address:

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Please mail this application form and all pertaining documents to the following address:  
IKEA Carson  
Attn: Local Marketing Specialist  
20700 S. Avalon Blvd.  
Carson, CA 90746

Please note: Application must be completed in full to be considered. Please limit your attachments to what has been requested.