

**2014**

**ORGANIZATIONS APPLICATION**

Thank you for your interest in applying for the “Capital Region Extreme Gym Makeover.” When applying we look for organizations that are inspirational and deserving. In order to be considered you must complete this application and submit current photos of the establishment that you are applying for, videos are welcome but not mandatory.

Every application is reviewed by members of the Extreme Gym Makeover board. Due to the expected volume of applications, please understand that we will not be able to respond to each one. If we are interested or have further questions about you and your organization, we will call you.

Please know that anything you send to us will not be returned and becomes the property of Vent Fitness so please do not send original photos, sentimental items or sentimental photographs.

If you are nominating an organization you know, please include their information throughout the application. There will be a separate spot on the application for your contact information.

**THANK YOU AND GOOD LUCK!**



**PART 1) – ORGANIZATION’S INFORMATION**

\*\*\*PLEASE INCLUDE ANY RELEVANT PHOTOS OF SAID ESTABLISHMENT\*\*\*

Today’s Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organizers Name: \_\_\_\_\_

Organizations Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

What is the organization’s hours of operation (days/times): \_\_\_\_\_

\_\_\_\_\_

Does the organization have a Facebook, Twitter, Instagram blog or website of any kind? Y/N

If YES please list all of the addresses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there pictures enclosed with your application? Y / N

Did you upload a video to the Internet? Y / N

Is your organization a registered 501C3? Y/N

Does your organization currently have an area dedicated to fitness? Y/N

If yes, what is the square footage of that area: \_\_\_\_\_

If no, what is the square footage of the area you want transformed into a fitness area: \_\_\_\_\_

Does your organization currently have any fitness equipment? Y/N

If yes, please give us a description of the equipment: \_\_\_\_\_

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

If no, please let us know what your organization is in need of:

Treadmill

Life Cycle

Elliptical

Stairmaster

Other: \_\_\_\_\_

Please describe who your business/organization benefits and caters too:

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

How many attendees does your organization serve on a daily basis/what is the demographic you serve:

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

Please describe what services your organization offers:

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

Does your organization require a monthly/annual fee to utilize the fitness area: Y/N

Has your organization received any other recognition from the community?

If yes, please describe:

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Please summarize your organization's CURRENT situation and how it affects the community. What makes your organization deserving of this makeover? What makes your situation unique?

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Why does your organization need a makeover? What are your organizations top FIVE makeover needs?

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How is your organization funded?

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Please give a brief history on your organization: (when it opened, how long it's been in its current location etc. the more information provided the better)

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Does your organization have a basement or cellar? Y / N

How old is the establishment? Years

Is the establishment located on a hill or on flat ground?

Is the establishment on septic or city sewer line?

Is the establishment city water or well water? \_\_\_\_\_

Is the establishment connected to city/county gas or a private tank? \_\_\_\_\_

If you are selected will you be able to provide proof of insurance on your establishment? Y / N