

**CENTER FOR NON PROFITS @ ST. MARY'S**  
**APPLICATION FOR SPACE**

Date: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
\*501c3 Number: \_\_\_\_\_

**Please Check One:**

<input type="checkbox"/> <b>New Tenant</b> <input type="checkbox"/> <b>Additional Space</b> <input type="checkbox"/> <b>Relocation</b>
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If you are not a current tenant, please attach a brief description of your organization and any other information you think may be helpful.

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

**Current Office Space:**

Number of rooms/offices: \_\_\_\_\_  
Other types of space: (reception area, storage, filling room, exam room, clerical area)

\_\_\_\_\_  
Total number of individuals working in the space: \_\_\_\_\_  
Describe the nature of use of the space: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If relocating or adding space, please describe your new needs:

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

**Requested Space:**

Number of rooms/offices requested: \_\_\_\_\_  
Other types of space needed: \_\_\_\_\_  
Total number of individuals working in the requested space: \_\_\_\_\_  
Describe the nature of use of the space: \_\_\_\_\_

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

**Special Accommodations Needed in Space:**

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

In the event that your exact needs request cannot be met, which of the following would be acceptable:

Adjacent offices     Offices on same hallway     Offices on the same floor

**How soon do you want to move:** \_\_\_\_\_

Please attach other information that would assist in processing your request.

\*You must have a 501c3 to qualify for office space at the Center.

**Please return/email completed forms to the Jones Trust, P.O. Box 2035, Springdale, AR, 72765, Attn: Betsy Reithemeyer, brreith1@cox.net**