

CENTER FOR NONPROFITS @ JTL SHOPS
APPLICATION FOR SPACE

Date: _____
Agency Name: _____
Contact Name: _____
Phone Number: _____
Email Address: _____
Physical Address: _____
*501C3 Number: _____

Please Check One:

<input type="checkbox"/> New Tenant <input type="checkbox"/> Additional Space <input type="checkbox"/> Relocation
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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

