

*****501(C)(3) IRS Tax exempt letter must be downloaded with this application.**



2024-2025 NEEDS ASSESSMENT

Must be completed in full and submitted with MOU
AND Nonprofit Tax-Exempt 501(c)(3) Letter

***SANTA CLAUS, INC. WILL EMAIL OR CALL ORGANIZATIONS TO NOTIFY THEM WHEN PRODUCTS REQUESTED ON THE NEEDS ASSESSMENT ARE AVAILABLE FOR PICKUP.**

NAME OF NONPROFIT, CHURCH, SCHOOL, OR SCHOOL DISTRICT

San Bernardino County – Department of Public Health Black Infant Health Program

MAIN CONTACT(PRINT) Kanisha Neal PHONE 909-387-6481

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DO YOU HAVE A WAREHOUSE? _____ YES x NO SECURITY x YES _____ NO

% OF INCOME LEVELS OF FAMILIES SERVED:

LOW 55% EXTREMELY LOW 44% HOMELESS 1%

% OF ETHNICITIES OF FAMILIES SERVED:

ASIAN _____ BLACK 100% CAUCASION _____ HISPANIC _____ NATIVE AMERICAN _____

AREAS OF NEED (MARK ALL THAT APPLY):

- x CHRISTMAS TOYS
- x CLOTHING (CHILDREN x ADULT _____)
- x SHOES/SOCKS
- x UNDERWEAR/UNDERGARMENTS (CHILDREN x ADULT x)
- x BACKPACKS/SCHOOL SUPPLIES
- x BLANKETS, BEDDING, TOWELS
- x HYGIENE PRODUCTS
- _____ BIRTHDAY BAGS
- x HOMEGOODS
- x CLEANING SUPPLIES
- x SMALL APPLIANCES
- x PAPER GOODS
- x DORM ROOM PRODUCTS