



## House of David International, Inc. (HOD Inc.) Web Submission Form

Thank you for interest in working with HOD to assist you in the development of your business and/or non-profit entity. Please fill out the general inquiry form below and hand deliver or scan and email [to: houseofdavidinc@gmail.com](mailto:houseofdavidinc@gmail.com)

If Natasha Walker Jones or HOD or its representatives agrees to assist you in the formation of your business and/or non-profit organization, you will be required to enter contractual agreement under specific terms. However, we are not liable for productivity or viability of your organization only the product we are contracted to write or the consulting services we render.

We operate as a guide in the establishment of organizations for public good and business ventures which we deem responsible. We reserve the right to turn down any organization seeking our service. We guarantee our work based on prior performance, professional workmanship, and general industry standards.

What service are you requesting? Non-profit Status (501C3/1023) \_\_\_\_\_

General Business Organization \_\_\_\_\_ Event Planning \_\_\_\_\_ Proposal Writing \_\_\_\_\_ Social Security \_\_\_\_\_

Fund-raising \_\_\_\_\_ Board Organization \_\_\_\_\_ Grant-writing \_\_\_\_\_ (federal/private/local) Veterans Claims \_\_\_\_\_

Name of Organization/EIN

\_\_\_\_\_

Founder's Name Address/P.O. Box

\_\_\_\_\_

\_\_\_\_\_

City/State/County \_\_\_\_\_

Post Office address or physical address of business (both if applicable)

Address City State Zip Code County \_\_\_\_\_

\_\_\_\_\_

Website Address/ Internet Server/Fax

http://www. \_\_\_\_\_

Founder (email, phone, fax number) \_\_\_\_\_



**Organization Mission:**

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**Organization Purpose:**

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**What activities does the organization intend to initiate or operate?** \_\_\_\_\_

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**Indicate what type of organization you intend to operate?**

**Church** \_\_\_\_\_

**School (Elementary, High-school, Parochial, Charter)** \_\_\_\_\_

**Community-based** \_\_\_\_\_

**Child-care organization (i.e. Daycare)** \_\_\_\_\_

**Home for the aged or handicapped** \_\_\_\_\_

**School, College, or University** \_\_\_\_\_

**Health Facility** \_\_\_\_\_

**After School** \_\_\_\_\_

**Tutoring** \_\_\_\_\_

**Group Home** \_\_\_\_\_

**Learning Center** \_\_\_\_\_

**Other** \_\_\_\_\_ (please detail below)

**Detail** \_\_\_\_\_

Do you intend to seek government funding? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in private funding? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you equipped to initiate fund-raising? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your organization have assets: computers, land, a building?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain.

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**By signing below, you affirm: To the best of my knowledge, the information submitted and filled in above is true. Any deliberate or mistaken misrepresentation of the truth or facts herein constitutes a breach on the part of the submitter of this document in part or whole. Natasha Walker Jones, House of David International, Inc., or Editorial Solutions Publishing & PR and/or its representatives is not responsible for any incorrect reporting or subsequent work on the part of the organization submitting this document in part or whole per the submission. In addition, HOD/ESP or its representatives may request copies of Articles of Incorporation, Bylaws, EIN, proof of occupancy/rental, tax information, financial statements, and other documents pertinent to the legal establishment of your organization.**

**Print**

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**Please print name: Executive Director/Founder/Submitter**

**Signature**

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**Signature only: Executive Director/Founder/Submitter**

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**Date**