

## Y12SR URBAN OUTREACH PROJECT

### Facility/Center Information

Facility/Center Name:

\_\_\_\_\_ *Must be a 501(c)(3) nonprofit*

Facility Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_

Email \_\_\_\_\_

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

*Street Address*

*Apartment/Unit #*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *ZIP Code*

*Check all that apply*

**Type of Facility/Center**

**OUTPATIENT**

**INPATIENT**

**PREVENTION**

**TREATMENT**

**OTHER**

Federal Tax ID #: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Size of Organization: \_\_\_\_\_

### Y12SR LEADER INFORMATION

Y12SR Leader Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email \_\_\_\_\_

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

*Street Address*

*Apartment/Unit #*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *ZIP Code*

Number Y12SR Classes at this facility per month: \_\_\_\_\_

Estimate number of students per class: \_\_\_\_\_

Number Y12SR Classes at this facility per month: \_\_\_\_\_

What made you want to become a yoga teacher?

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

Why this Facility/Center?

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What do you hope Y12SR will accomplish at this Facility/Center?

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How will you create awareness about the Y12SR Class?

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Who will participate in the Y12SR Class?

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How do you plan to communicate with the Facility/Center regarding your Y12SR Classes?

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**Facility/Center Signature:**

*I hereby commit to hosting this Y12SR Meeting for a minimum period of one year as well as reimbursing the Y12SR Leader with a weekly minimum stipend of \$\_\_\_\_.\_\_\_\_ for this class. Y12SR will augment the rest of the Leader's reimbursement.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

*Additional Comments:*

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Once approved or declined, you will receive an email with our decision, explaining the next steps. This process can take up to 30 days.