PROJECT NOMINATION FORM

Nominator Information

Name: Company Name:

Email Address: Phone Number:

Alta Labs Distributor?   Alta Labs Installer?

Have you previously participated in Alta Gives Back?

Nonprofit Organization Information

Name: Contact Person / Title:

Address:

City: State: Zip Code:

Website:

501(c)(3) Registered Organization?   EIN:

Briefly describe the organization's mission:

Project Details

Describe the current networking setup or challenges:

Why is an upgrade critical for this organization?

What specific Alta Labs products would be ideal for this installation?

Please provide part numbers and quantities need for the project:

Estimated Number of devices/users connecting to the network:

Estimated square footage or layout (if known):

Are there any special considerations (remote site, limited internet access, etc)?

Would your company assist with the installation?

Any photos or supporting documents you can share?

Impact and Acknowledgement

How would this upgrade make a different for the organization and those it serves?

Would the organization be willing to participate in a post-project testimonial or case study?

Any additional comments or notes?

Email filled form to giving@alta.inc