2009 Renewal

Business Name: _____

Contact Name: _____**Title:**_____

Work Phone: _____ **E-mail:** _____

To help you with this process Call 649-5260 for previous applications: Your base qualifying form and your 2008 renewal

- Has your company **MAINTAINED ALL** benefits offered last year? ____ Yes _____ No
- Has your company **DISCONTINUED** any benefits offered last year? **(If yes, list below or on attachment**) _____ Yes _____ No

- Has your company **ADDED NEW** benefits this year? _____ Yes _____ No
  - ✓ This information will be used to determine the 2008 Outstanding Employers of the Year
  - ✓ List **ALL NEW BENEFITS below or on an attachment**
  - ✓ **PROVIDE DOCUMENTATION** by e-mail or hard copy sent to NAFC, 660 Ninth Street North, Suite 35D, Naples, FL 34102)

FOR INFORMATION CONTACT
Naples Alliance for Children 239-649-5260 or info@napleschild.org