



MARICOPA COMMUNITY FOUNDATION

Nonprofit Fundraising Opportunity

IN PARTNERSHIP WITH THE CITY OF MARICOPA

Fundraising Opportunity Application

Applicant Information

Organization Name: _____ Date: _____

Primary Address: _____
Street Address _____ Unit # _____

City _____ State _____ ZIP Code _____

Organization Phone: _____ Organization Email: _____

Executive Director /Main Contact Name: _____
First _____ Last _____

Contact Phone: _____ Contact Email: _____

Organization Qualifications

501 (c) Nonprofit Charitable Organization? YES NO EFIN Number: _____

Organization Description: _____

Explanation of existing services as relates to Maricopa: _____

Number of years serving Maricopa residents? _____

Program Status and Eligibility

Are you registered with the Maricopa Community Foundation? YES NO

For each fundraising booth, are you able to provide a Minimum of four (4) volunteers 18+ in age? YES NO

Do you have established cash handling procedures? YES NO

How many fundraising booths is your organization able to provide at each event? _____

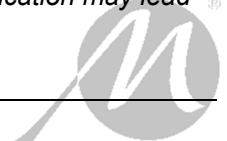
Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to selection, I understand that false or misleading information in my application may lead to disqualification.

Signature: _____ Date: _____

Return completed application to: brenda.campbell@maricopa-az.gov





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