

DESERT FOUNDATION AUXILIARY
CHARITY SELECTION APPLICATION

Date: _____

Name of Organization: _____ Year of Origin: _____

Address: _____

Phone: _____ E-mail: _____

Website: _____

Contact Person: _____

Describe purpose and service for which DFA monies will be used: _____

Is the organization affiliated nationally or locally? _____

What geographical area does this organization serve? _____

Age group served: _____

Methods of reaching and screening for the truly needy: _____

Specific immediate needs (equipment, supplies, personnel, etc.): _____

Future needs (building, vehicles, etc.): _____

Does this organization send an annual fund letter? Yes No

Could the DFA be assured that our donated funds would **not be used to fund any charity other than your own** and would be ear-marked for use by **Scottsdale-area** residents? Yes No

Organization Specifics:

Number of paid staff members: _____ Number of clients served: _____

Number of volunteers: _____ Annual Budget: \$ _____

Sources of Financial Support:

Individual contributions: \$_____ Government funds: \$_____

Corporate gifts: \$_____ Foundations: \$_____

Auxiliary donations: \$_____ Other: \$_____

If previous DFA recipient, how much was received and how were those funds used:

Checklist – Please include the following:

1. Documentation of 501(c)(3) status
2. List of current members of your Board of Directors
3. Descriptive Brochure (if available)

Executive Director

Date

Completed applications are due no later than October 20, 2017, to:

Ann-Eve Drachman Berry
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Scottsdale, AZ 85258
or anneveberry@gmail.com