

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 19, 2018, to:

Eileen Hatfield
6712 E Bar Z Lane
Paradise Valley, AZ 85253
or eileen.hatfield@gmail.com