



COCHISE COUNTY SHERIFF'S ASSIST TEAM

Charity Ride Beneficiary Application

205 N Judd Dr, Bisbee, AZ 85603

Community Outreach Unit

ahadfield@cochise.az.gov



Sheriff's Assist Team Beneficiary Application

(Please **print or type** all information within this form)

Organization Name: _____

Organization Contact Information:

Contact(s) Name: _____

Organization Address: _____

Phone Numbers (office/home/cell): _____

Email address: _____

501(c)3 Employer Identification Number (EIN) and date.

Attach a copy of the IRS determination letter. (Government organizations are exempt):

How much money in donations does your organization take in on an annual basis? (If amounts are not consistent, please indicate specific amounts for the past 3 years): _____

Please list any fundraisers whereby your organization receives donations on an annual basis:

If you are selected as a beneficiary, what does your organization plan to do with the money donated by the CCSCR? (please be specific):

Would your organization be willing to provide an information booth from (appx) 11:00 AM until 4:00 PM on the day of the event? Yes No

Which of the following would your organization be willing to assist the CCSCR committee with in support of our event?

Marketing the event through a dedicated web page YES NO

Marketing the event through social media YES NO

Distribution of marketing materials (Fliers, posters, etc.) YES NO

Local fundraisers (Shred events, car washes, etc.) YES NO

Assistance with set-up and tear-down on the day of the event

YES

NO

Signature & Date: _____

Information for Charity Ride Beneficiary Applicants

1. You may elect to scan & e-mail the application rather than mail it through USPS.
 2. Donations are only made to organizations which are registered as a 501(c)3 in good standing with the Internal Revenue Service (IRS). Organizations must provide a copy of their IRS determination letter at the time of submittal of the application, before the application will be reviewed by the CCSCR committee.
 3. Beneficiaries will not be selected from organizations representing political or controversial issues, or from national organizations.
 4. All funds must be used LOCALLY by 501(c)3 organizations operating within Cochise County.
 5. Qualifying organizations may receive only one (1) donation per five (5) calendar years. This includes beneficiaries selected by the CCSCR committee from 2013 to 2017. This ensures more worthy, charitable organizations within Cochise County will benefit from the CCSCR.
 6. Applications should be scanned & e-mailed or mailed to the address provided on the application form. You may elect to type your responses to questions and attach them to this application, however the original application must include your organization information and signature.
- All applications must be submitted to SAT by May 31, 2018. Beneficiaries will be selected by the Charity Ride committee after all applications have been reviewed.

For CCSCR Committee Use Only

Application complete & meets criteria Date received: _____

Organization's IRS determination letter included or Government Entity

Funds to be used in Cochise County

Date of Committee vote _____ Approved Disapproved

Additional Information: _____