



COCHISE COUNTY SHERIFF'S ASSIST TEAM

2019 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 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):

What is the mission of your organization?

How much money in donations and/or grant funding 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 annual fundraisers your organization hosts: _____

If you are selected as a beneficiary, what does your organization plan to do with the money donated by the Cochise County Sheriff's Charity Ride? (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 Cochise County Sheriff's Charity Ride 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 (Flyers, 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 that 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 2014 to 2018. This ensures more worthy, charitable organizations within Cochise County will benefit from the Cochise County Sheriff's Charity Ride.
6. Applications should be scanned & e-mailed, or mailed via USPS 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.
7. **Applications must be received by 5:00 PM on May 17, 2019.** Applications must be e-mailed to ahadfield@cochise.az.gov OR mailed to / dropped off at: Charity Ride Committee, 205 N Judd Dr, Community Outreach Unit, Bisbee, AZ 85603.

For Charity Ride Committee Use Only

Date Received: _____

Application Complete & Meets Criteria: **YES** **NO**

Organization's IRS determination letter attached: **YES** **NO**

Funds to be used in Cochise County: **YES** **NO**

Date of Committee Vote: _____

Committee Vote: **APPROVED** **DISAPPROVED**

Additional comments: _____