

Convene,
collaborate,
and grow.

Primary Contact

Organization name*		
First name*	Last name*	
Title*		
Email*	Phone Number*	
Organization mailing address*		
City*	State*	Zip*
Mailing address (if different from above)		
City	State	Zip

Organization Information

Tax ID (US-EIN)*	Year founded
Geographic service area: * Please select all areas that your organization serves	
<input type="checkbox"/> Pima County	<input type="checkbox"/> Graham and Greenlee Counties
<input type="checkbox"/> Santa Cruz County	<input type="checkbox"/> Cochise County
<input type="checkbox"/> Yuma County	<input type="checkbox"/> City of Tucson

National Taxonomy of Exempt Entities (NTEE) Classification* Please enter your NTEE code that best fits your classification. For a full list of codes, please visit learn.guidestar.org

Tell us about your organization*

Non-discrimination: *Our organization does not discriminate in their employment practices, volunteer opportunities or delivery of programs and services on the basis of race, color, religion, national origin, ancestry, gender, age, sexual orientation, citizenship, disability, ethnicity, marital status, familial status, gender identity, economic circumstances and/or veteran status*

I agree

*Required information

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Required Documents

Please send us the following in PDF form or hard copy:

- Balance Sheet (most recently completed fiscal year)
- Profit and Loss Statement (most recently completed fiscal year)

Year-End Balance Sheet

Name

Size

Updated

Notes

Year-End Profit and Loss Statement

Name

Size

Updated

Notes

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Community Foundation Campus Questions

1. Why does your organization complement the purpose of the CF Campus? Please state up to three reasons:*

 - 1.
 - 2.
 - 3.

2. Has your organization participated in cooperative and collaborative partnerships in the last two years? Please provide up to three examples (*e.g. your organization hold*):*

 - 1.
 - 2.
 - 3.

3. What else would you like us to know? (*optional*)

Signature and Submission

Staff check box*: By checking the box below, I acknowledge that I have read this application and approve its submission.

I acknowledge

Please enter the name and title of the staff person who is acknowledging submission. If no staff, then enter name and title (if applicable) of an appropriate volunteer.

Name*

Title*

Signature*

Board Member check box*: By checking the box below, I acknowledge that I have read this application and approve its submission.

I acknowledge

Please enter the name and title of the Board Member who is acknowledging submission. If a Board Member signed as staff, secure the signature of another Board Member.

Name*

Title*

Signature*

Submission approval*: By checking the box below, I acknowledge that I have read this application and approve its submission.

I acknowledge