



**APPLICATION FOR FEE-WAIVED GROUP SALES**

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**1 Provide Contact Information**

Please provide the following contact information:

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2 Program Eligibility Requirements & Materials**

**Organizational:**

- Yes! We are a non-profit organization. **A copy of our 501(c)(3) tax statement is attached.**
- Yes! Part of our organization's mission is to serve youth and/or families in the Bay Area. **A copy of our mission statement and/or a description of our program is attached.**
- Please attach ONE PAGE balance sheet of your organization's operations budget.
- Projected Organization budget FY 2011: \_\_\_\_\_

**Programmatic:**

- Please provide a brief description of the specific program you are applying for (if this is NOT an organization-wide visit):

- Projected program budget FY 2011: \_\_\_\_\_

1. Please estimate the total percent of youth/families served at or below the following income levels (Does not need to add up to 100%):

- 2-person family - \$33,660 \_\_\_\_\_%
- 3-person family - \$38,460 \_\_\_\_\_%
- 4-person family - \$43,280 \_\_\_\_\_%
- 5-person family - \$51,910 \_\_\_\_\_%
- 6-person family - \$55,770 \_\_\_\_\_%

