APPLICATION FOR COMMUNITY DONATION & VOUCHER ALLOCATION

WARNING & NOTICE OF COMPLIANCE:
All submissions are subject to audit and verification by White Mountain Family Fun Park Administration. Incomplete applications, false tax identification information, or submissions lacking mandatory supporting documentation will result in **IMMEDIATE REJECTION** without notice or administrative review.

PART I: MANDATORY REGULATORY ELIGIBILITY CRITERIA

Pursuant to WMFFP Administrative Policy, candidates must satisfy ALL statutory conditions prior to filing:

1. **JURISDICTION:** Applicant entity must operate within Navajo County / White Mountains regional boundaries.
2. **STATUTORY STATUS:** Must hold verified 501(c)(3) tax-exempt status, public educational accreditation, or official emergency services charter (Fire/EMS/Law Enforcement).
3. **FILING WINDOW:** Application MUST be filed **NO FEWER THAN 42 CALENDAR DAYS (6 WEEKS)** prior to event execution.
4. **ANNUAL ALLOCATION LIMIT:** Maximum of **ONE (1)** approved voucher grant per entity per 365-day calendar cycle.
5. **PROHIBITED USES:** Donations are restricted to physical pass vouchers. CASH, MONETARY TRANSFERS, INDIVIDUAL CAUSES, AND THIRD-PARTY FOR-PROFIT ACTIVITIES ARE STRICTLY PROHIBITED.

PART II: REQUIRED ATTACHMENT CHECKLIST (ALL MANDATORY)

- ☐ **ENCLOSURE A:** Official IRS 501(c)(3) Determination Letter or State Tax-Exemption Certificate.
- ☐ **ENCLOSURE B:** Official Letter of Intent on Formal Organization Letterhead signed by Executive Director/Officer.
- ☐ **ENCLOSURE C:** Published Event Documentation (Flyer, Brochure, or Official Notice).
- ☐ **ENCLOSURE D:** Completed WMFFP Donation Form.

PART III: APPLICANT ENTITY REGISTRATION

6. **LEGAL ENTITY NAME:**
   _____
7. **FEDERAL EIN / TAX-ID NO.:**
   _____
8. **MAILING ADDRESS OF RECORD:**
   _____
9. **CITY, STATE, ZIP:**
   _____
10. **AUTHORIZED REPRESENTATIVE NAME & TITLE:**
    _____
11. **CONTACT PHONE NUMBER:** _____ **CONTACT EMAIL:**
    _____
12. **OFFICIAL WEBSITE / DOMAIN:**
    _____

PART IV: EVENT SPECIFICATIONS & COMPLIANCE DATA

13. **OFFICIAL EVENT TITLE:**
    _____
14. **SCHEDULED EVENT DATE(S):** _____ **SUBMISSION DATE:**
    _____
15. **VENUE / PHYSICAL LOCATION:**
    _____
16. **VERIFIED ATTENDANCE PROJECTION:** _____
17. **PUBLIC BENEFIT STATEMENT** (How will your event benefit the White Mountain community?):
    _____
    _____
    _____
    _____

PART V: MANDATORY RECIPROCAL ACKNOWLEDGMENT (CHECK ALL THAT APPLY)

Pursuant to WMFFP Sponsorship Policy, recipient agrees to render public recognition:

- ☐ Display of WMFFP Official Signage/Logo at Event
- ☐ Social Media Identification & Digital Citation
- ☐ Printed Event Program / Publication Listing
- ☐ Formal Verbal Acknowledgment during Official Proceedings

PART VI: APPLICANT CERTIFICATION & SIGNATURE

I hereby certify that the information provided is truthful and accurate
Authorized Signature: _____ Date: _____

Printed Name & Title:
_____

SUBMISSION PROTOCOL:

Submit complete packet per instructions below:

EMAIL: awmffp@gmail.com (Subject Header: Attn Donations - [ENTITY NAME])
MAIL/IN-PERSON: Attn Donations, 4725 W White Mountain Blvd, Lakeside, AZ 85929

OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____
DECISION STATUS: [ ] APPROVED [ ] REJECTED [ ] DEFICIENT / INCOMPLETE
DONATION ITEM: _____**TOTAL ASSESSED VALUE ($):** _____
DATE DISPATCHED: _____