



Community Services Department

NON-PROFIT ELIGIBILITY APPLICATION

Please print legibly in ink.

Application:

This application should be submitted 21 calendar days prior to the date requested to ensure adequate time to review the application. This is only an application and is used to document the eligibility of an organization for discounted rates and establish official organization representative(s) that may reserve City facilities on behalf of the organization. If it is determined that the organization is eligible, only the representative(s) listed on this application may submit facility rental requests for parks and facilities. Non-Profit Eligibility Applications must be renewed every (2) two years.

Proof of Non-Profit Status:

Along with this application, a Determination Letter from the State of California must be submitted confirming the organization's non-profit status. If the organization has only recently applied for non-profit status, a copy of that State of California application must be submitted with this application to validate the organization is in the process of being considered a non-profit by the State.

Justification Letter:

Submit a letter to the designated Community Services Department staff member describing the nature of the event for which the organization is requesting discounted rates. The letter should describe how the event will provide a significant benefit to the City of Rancho Cucamonga and/or its residents to be considered for a non-profit group rate. A letter must be submitted with each rental application to determine if the event is eligible for discounted rates. The rate category will be determined by the Event Services Team.

Non-Profit Organization and Contact Information

Organization: _____ Non-Profit #: _____
Mailing Address: _____ Website Address: _____
E-mail Address: _____ Phone Number: _____
Brief description of the organization's mission/purpose: _____

Please designate two representatives that can make reservations on behalf of the organization:

Representative #1: _____ Address: _____
City: _____ State: _____ ZIP: _____
Primary Phone: _____ E-mail: _____
Representative #2: _____ Address: _____
City: _____ State: _____ ZIP: _____
Primary Phone: _____ E-mail: _____

Community Services Department Use Only

- 1. Complete application received [] Yes [] No
2. Determination Letter from the State of California validating non-profit status [] Yes [] No

First Approval Signature: _____ Date: _____

Second Approval Signature: _____ Date: _____

(Staff signature only acknowledges that the above organization has been verified as a Non-Profit Organization by the State of California. It does not approve any specific facility reservation that can only be accomplished by submittal and approval of a Facility Use Request form.)