City of Ripon
NON-PROFIT AGENCY
ELIGIBILITY APPLICATION

259 N. Wilma Ave., Ripon, CA 95366
Phone 209-599-2108 / Fax 209-599-2685

STATEMENT OF POLICY: The City of Ripon shall consider the reduction of certain fees for qualified nonprofit agencies within the City of Ripon. Upon completion and approval of the Non-Profit Eligibility Application, *and* upon receipt of the IRS Determination Letter, the agency will be registered with the City as a nonprofit agency on the City's Master List of Nonprofit Agencies and will be eligible to pay reduced fees for either the Community Center or Stouffer Hall one (1) time per calendar year. Any changes made to the organization that may affect the agency's eligibility for reduced fees must be reported. Failure to do so may result in disqualification of reduced fees. All information provided will be kept confidential.

APPLICANT: *Please type or print legibly - Fill out completely.*

Agency Name _____

Agency Address _____
(# and Street) (City) (State) (Zip)

Mailing Address (if different than agency address) _____

Contact Person _____ Contact Phone _____

ELIGIBILITY INFORMATION:

All questions must be answered and proper forms submitted in order for the application to be considered complete.

1 Is your agency a qualified nonprofit agency as determined by the IRS?
□ Yes □ No *(Attach IRS Determination Letter as proof of nonprofit status)*

2 Employeer Identification Number (EIN): _____

3 Has your agency been located and operating in the City of Ripon for a minimum of two years prior to the date of this request? □ Yes □ No

4 Agency Commencement Date: _____

5 Does your agency have regularly scheduled meetings within the City of Ripon? □ Yes □ No
If yes, please provide the location and time of the meetings. _____

6 Does the majority (51% or more) of your organizations members live within Ripon City limits?
□ Yes □ No *(The City reserves the right to request proof)*

7 Please give a brief description of what your agency contributes to the community of Ripon:

8 Does your agency provide ongoing donations to numerous Ripon organizations? □ Yes □ No
If yes, please list recipients: _____

9 Does your agency have paid staff? □ Yes □ No

CERTIFICATION: *My signature below certifies that:*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

✍ Applicant SIGNATURE	Applicant PRINT CLEARLY	Association with Agency	Date

OFFICE USE ONLY:

□ Approved
□ Denied

✍ City Clerk SIGNATURE _____ Date _____