

PLEASE IDENTIFY THE POPULATION(S) YOUR AGENCY (OR PROGRAM) SERVES

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| <input type="checkbox"/> AT-RISK YOUTH INDEPENDENT OF FAMILY | <input type="checkbox"/> SUBSTANCE ABUSE REHABILITATION | <input type="checkbox"/> LGBTQ GROUPS/INDIVIDUALS IN NEED |
| <input type="checkbox"/> AT-RISK YOUTH & FAMILIES | <input type="checkbox"/> LOW INCOME OR SHUT IN SENIORS | <input type="checkbox"/> WOMEN IN NEED (INDIVIDUALS) |
| <input type="checkbox"/> SUPPORTIVE HOUSING-FAMILIES | <input type="checkbox"/> VETERANS IN NEED | <input type="checkbox"/> INDIVIDUALS LIVING WITH AIDS/HIV |
| <input type="checkbox"/> SUPPORTIVE HOUSING-INDIVIDUALS | <input type="checkbox"/> MENTAL & BEHAVIORIAL HEALTH CONSUMERS | |

HOW MANY PARTICIPANTS DOES YOUR PROGRAM OR SITE SERVE (DAY/WEEK/MONTH/YEAR) AND FOR HOW LONG?

HOW OFTEN AND WHAT TYPE OF CONTACT DOES YOUR AGENCY HAVE WITH PARTICIPANTS (E.G. DAILY, WEEKLY, MONTHLY, TELEPHONE, MEETINGS, GROUPS)? _____

WHAT SORTS OF TRANSPORTATION WILL YOUR PROGRAM'S PARTICIPANTS UTILIZE IN ORDER TO GET TO EVENTS?

HAVE YOUR CLIENTS EXPRESSED INTEREST IN SPECIFIC TYPES OF EVENTS OR ACTIVITIES? IF YES, WHAT?

WHAT KINDS OF RECREATIONAL PROGRAMMING OR ACTIVITIES CURRENTLY EXIST WITHIN YOUR AGENCY'S OR PROGRAM'S STRUCTURE? _____

IF AT ALL, WHAT WILL BE THE RATIO OF STAFF TO CLIENTS ATTENDING EVENTS? _____

WHAT IS YOUR AGENCY'S ANNUAL BUDGET FOR RECREATION? _____

WHAT IS YOUR PROGRAM'S ANNUAL OPERATING BUDGET? _____

STATE NONPROFIT ID# _____ **FEDERAL NON-PROFIT ID#** _____

If your agency intends to utilize event opportunities for more than one site or program, a separate application is needed for EACH site/program applying.

PLEASE INCLUDE THE FOLLOWING TO YOUR APPLICATION.

- 1. A brief letter (on your agency's letterhead) from the executive director or another appropriate supervisor supporting this application and acknowledging the annual registration fee (between \$275 and \$375).**
 - 2. A copy of your agency's IRS notification letter.**
 - 3. A copy of your agency's (summarized) budget re-confirming the total annual budget as listed above.**
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Send all requested material to:

**Community Access Ticket Service
Pier 54; Suite 209 San Francisco, CA 94158-2136**