



AGENCY APPLICATION & INVOICE

Thank you for applying to the CATS Ticket Distribution Program! To assist us in reviewing your application, please complete this 3 page form in its entirety - all fields are mandatory.

PLEASE PRINT CLEARLY.

AGENCY NAME

NAME AND TITLE OF CONTACT PERSON

AGENCY ADDRESS

CITY, STATE ZIP

AGENCY/CONTACT PERSON PHONE #

FAX NUMBER

CONTACT PERSON E-MAIL

AGENCY WEB ADDRESS

**PLEASE TELL US ABOUT YOUR AGENCY AND THE PEOPLE YOUR AGENCY SERVES
(PLEASE AFFIX ADDITIONAL COLLATERAL IF NECESSARY).**

BASED ON YOUR AGENCY'S MISSION STATEMENT, PLEASE IDENTIFY THE POPULATION YOUR AGENCY SERVES.

- | | | |
|---|---|--|
| <input type="checkbox"/> AT RISK YOUTH | <input type="checkbox"/> DRUG/ ALCOHOL REHABILITATION | <input type="checkbox"/> WOMEN |
| <input type="checkbox"/> TRANSITIONAL HOUSING CLIENTS | <input type="checkbox"/> LOW INCOME SENIORS | <input type="checkbox"/> PHYSICALLY DISABLED |
| <input type="checkbox"/> HIV +/AIDS | <input type="checkbox"/> MENTAL HEALTH CONSUMERS | <input type="checkbox"/> VETERANS |

HOW MANY CLIENTS DOES YOUR AGENCY SERVE? _____

HOW OFTEN DO YOU HAVE CONTACT WITH YOUR CLIENTS AND PLEASE DESCRIBE THE TYPE OF CONTACT (I.E. TELEPHONE, MEETINGS, GROUP; DAILY, WEEKLY, MONTHLY)? _____

DO YOUR CLIENTS ATTEND CULTURAL EVENTS ON THEIR OWN? _____

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

WHAT SORTS OF RECREATIONAL PROGRAMMING EXIST WITHIN YOUR AGENCY'S STRUCTURE?

WHAT IS THE RATIO OF STAFF TO CLIENTS ATTENDING EVENTS? _____

WE REALIZE THAT MANY OF OUR RECIPIENT AGENCIES HAVE MULTIPLE SITES. IN ORDER TO BEST SERVE YOU AND YOUR CLIENTS, CONSIDERATION NEEDS TO BE GIVEN TO YOUR GROUPS HANDLING OF SITES.

WILL TICKET REQUESTS FOR ALL SITES BE HANDLED FROM A CENTRAL OFFICE OR WILL EACH SITE HAVE A CATS CONTACT PERSON?

IF MORE THAN ONE SITE IS APPLYING, WITH MORE THAN ONE CONTACT PERSON, PLEASE LIST THEM BELOW:

WHAT IS YOUR ANNUAL BUDGET FOR RECREATION? _____

WHAT IS YOUR AGENCY'S TOTAL OPERATING BUDGET? _____

STATE NON PROFIT ID# _____

FEDERAL NON-PROFIT ID# _____

CATS Invoice/Receipt

Recipient Agency Processing Fee

AGENCY:

CONTACT:

ADDRESS:

PHONE:

CATS is funded by Bay Area philanthropic community donations and the fees paid by our participating agencies. The processing fee assessed to our agencies represents less than 0.1% of a \$1 million agency's annual budget and covers just a fraction of the costs required for CATS to operate and distribute tickets.

We assess the annual processing fee based upon an agency's annual budget. Agencies whose budgets are \$1 million annually or greater are assessed an annual fee of \$375 and those agencies whose budgets are less than \$1 million are assessed an annual fee of \$300. Payment of this fee allows your organization to participate in the CATS ticket distribution program. During the next 12 months CATS will serve approximately 300 agencies and will distribute over 50,000 tickets.

Annual Budget \$ _____

Contact Name: _____
Print Name

Signature/Date

Annual Budget	Processing Fee	Remitted
Less than \$1,000,000	\$300	
\$1,000,000 or greater	\$375	

WAIT! PLEASE CHECK THAT YOU ARE SUBMITTING ALL OF THE FOLLOWING TO CATS.

- A BRIEF LETTER (ON YOUR AGENCY'S LETTERHEAD) FROM THE EXECUTIVE DIRECTOR OR ANOTHER APPROPRIATE SUPERVISOR SUPPORTING THIS APPLICATION AND ACKNOWLEDGING THE PAYMENT OF THE ANNUAL PROCESSING FEE.
- THE ANNUAL PROCESSING FEE, BASED ON YOUR AGENCY'S BUDGET. PLEASE MAKE CHECKS PAYABLE TO COMMUNITY ACCESS TICKET SERVICE
- A COPY OF YOUR AGENCY'S IRS NOTIFICATION LETTER.

SEND ALL REQUESTED MATERIAL TO:

CATS -- 965 MISSION, SUITE 240 -- SAN FRANCISCO, CA -- 94103