



NON-PROFIT BENEFICIARY CRITERIA

Purpose: The Soboba Foundation is now accepting applications from non-profit organizations to be beneficiaries of the 2026 14th Annual Soboba Foundation & Soboba Casino Resort Charity Golf Tournament.

Eligibility: In order to be eligible to be chosen as a beneficiary, the organization must be a non-profit organization located within the Hemet/San Jacinto Valley or an organization that services the Hemet/San Jacinto Valley.

Process: The following steps will be adhered to in selection of the beneficiary organizations for 2026. Be sure to complete the necessary steps listed below:

- 1. Organizations must complete and submit a Non-Profit Beneficiary Application via email to the Sponsorship Coordinator at avallejos@soboba-nsn.gov by **5:00 pm on February 1, 2026.**
- 2. Along with a completed application, each organization must prepare and submit a .30 second video detailing the following:
 - A. Why the Foundation should consider the organization as a beneficiary;
 - B. What funding will be utilized for if selected.
 - C. It is highly recommended that the video be completed before February 1st. Upon submission of a completed application and ensuring all criteria is met, the Sponsorship Coordinator will email a link to the Drobox. <u>Video submissions must be uploaded to this link by 5:00 pm on February 1st.</u>
- 3. Submitted applications and videos will be reviewed by the Soboba Foundation Board of Directors.
- 4. For this 14th Annual Tournament, the Soboba Foundation Board will choose ten organizations they deem appropriate to receive \$10,000 in funding. The organization will be notified in writing, whether or not they were chosen to be a beneficiary of the 14th Annual Soboba Foundation & Soboba Casino Resort Charity Golf Tournament.
- 5. All chosen organizations will be required to promote the tournament in addition to providing volunteers for the days of the event.











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Organization Name:				Also Known As:		
Address:						
City:	State:			Zip Code:		
Website Address:						
Tax ID Number:						
Main Office Line:	Fax Num			ber:		
Tax Code:	Incorpor			ation Date:		
Primary Contact:						
Phone Number:			En	mail:		
Organization's Mission:						
Project Title:						
Describe the activity for which award funds are being sought:						
How will the grant award be acknowledged if chosen?						





