

12TH ANNUAL CHARITY GOLF TOURNAMENT



Non-Profit Beneficiary Criteria

- Purpose:** The Soboba Foundation is now accepting applications from non-profit organizations to be considered as beneficiaries of the 12th Annual Soboba Foundation & Soboba Casino Resort Charity Golf Tournament.
- Eligibility:** In order to be eligible to be considered as a beneficiary, the entity must be a non-profit organization located within the Hemet/San Jacinto Valley or an organization that provides services for the Hemet/San Jacinto Valley.
- Process:** The following steps will be adhered to in selection of the beneficiary organizations for 2024. 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, 2024**.
 2. Along with a completed application, each organization must prepare and submit a 3–5-minute 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 Drobbox on February 2nd. Video submissions must be uploaded to this link by 5:00 pm on February 2nd.
 3. Submitted applications and videos will be reviewed by the Soboba Foundation Board of Directors.
 4. For this 12th Annual Tournament, the Soboba Foundation Board will choose twelve organizations they deem appropriate to receive \$12,000 in funding. The organization will be notified in writing, whether or not they were chosen to be a beneficiary of the 12th 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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NON-PROFIT BENEFICIARY APPLICATION

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

