

ANCHORAGE MAYOR'S CHARITY BALL

Apply to Be Considered for the 2020 Anchorage Mayor's Charity Ball

FILING DEADLINE IS NOVEMBER 8, 2019

Please note: some criteria and materials required have been updated this year. Please review the application carefully to determine if your organization qualifies and in order to include all required material with your application.

The Anchorage Mayor's Charity Ball (AMCB) selects two (2) health or human services organizations, one (1) arts or cultural organization, and one (1) other organization by random drawing from completed applications.

Please email the completed and signed application with attachments as a single PDF document to hello@mayorscharity.org or send by regular mail to the address noted below. Applications must be postmarked no later than November 8, 2019.

COMPLETED APPLICATIONS MUST INCLUDE THE FOLLOWING:

- 1. A statement of the organization's mission.
 - a. A copy of the mission statement or one sentence summary of the organization's mission.
- 2. A brief description of the program and its beneficiaries.
- 3. A detailed description of the planned use of proceeds from the Ball specifying the **Anchorage program and/or constituents** that will benefit.
- 4. A copy of an Alaska Certificate of Incorporation, business license, or Certificate of Good Standing.
 - a. Business licenses may be found at the following web address: https://www.commerce.alaska.gov/cbp/main/search/businesses
 - b. Please note that Articles of Incorporation are not a valid document to satisfy this requirement.
- 5. A list of board members with their mailing addresses.
- 6. A copy of the IRS tax exempt determination letter.
 - a. Please note that other tax forms do not satisfy this requirement.
- 7. A copy of the current year budget.

AMCB CHARITY MAILING LIST

Please provide an email address here if you would like to receive emailed notices from the Anchorage Mayor's Charity Ball, including the results of the random drawing and reminders for the 2021 charity application and deadline next fall.

EMAIL ADDRESS:	



ANCHORAGE MAYOR'S CHARITY BALL

2020 CHARITY SELECTION APPLICATION

2020 CHARITT SELECTION AFFLICATION					
FULL NAME OF ORGANIZATION:					
PHYSICAL ADDRESS:					
CITY / STATE:					
MAILING ADDRESS (if different from above):					
CITY / STATE:	ZIP CODE:				
PRIMARY CONTACT:					
email address:					
TAX ID NUMBER:					
NCORPORATION DATE:					
APPLICANTS MUST MEET THE FOLLON					

- The organization is a health/human services, arts, cultural, youth sports/activity or animal rescue nonprofit entity benefitting their constituents in the Municipality of Anchorage.
- The organization has 501(c)3 federal tax-exempt status.
- The organization's physical office has been located in Anchorage for the three (3) years preceding this application.
- The organization has articles of incorporation and bylaws that have been filed with the State of Alaska or is a recognized local chapter of a national organization.
- The organization has a full-time, volunteer board of directors based in Anchorage and comprised of at least five (5) members who are at least 19 years of age.
- The organization has a nondiscrimination policy for personnel, clients and volunteers.
- The organization receives at least 20% or \$50,000 (whichever is less) of its annual budget from charitable giving.
- Proceeds from the Mayor's Charity Ball must be used to further the mission of the recipient organization and benefit their constituents in Anchorage. Funds cannot be used for advocacy, lobbying, or national/statewide programs or services.
- The selected organizations will be required to solicit and obtain 40 silent auction items to be sold at the Ball. The organization will staff the table at the event and work to promote active bidding for your organization's benefit.
- The selected nonprofit organization will work to sell a minimum of two tables, with an optimum of 3-5 sponsored tables from outside partners/individuals who are advocates of the organization.
- The selected organizations will provide at least one live auction item with a value of at least \$2,500.
- The organization agrees that only one (1) subsidiary organization of a parent will be selected.
- The organization was not selected as a Charity Ball recipient within the last five (5) years.

Certification: I hereby certify that the above named organization meets and agrees to the eligibility criteria as herein stated.

Signature:	Date:	
Printed Name:	Title:	
_	PO BOX 240747 • ANCHORAGE • AK 99524-0747 • PHONE 907.276.2222 • FAX 907.278.0896	