



FOR OFFICE USE ONLY	
Date Received:	_____
Time Received:	_____
DBNA Staff Member's Initials:	_____

2018-2019 DBNA Community Tickets Program Application

Please answer the following questions **completely** and return this form and necessary documentation no later than **Friday, December 7, 2018 at 5pm** by email (info@thedbna.org), by fax (718.625.3410), or send it to the following address:

**Downtown Brooklyn Neighborhood Alliance
 Attention: Community Tickets Program
 c/o The House of the Lord Church
 415 Atlantic Avenue
 Brooklyn, New York 11217**

A. CONTACT INFORMATION (PLEASE PRINT)

Name of Organization	
Primary Contact Person & Title	
Telephone	
Email*** [See Below]	
Website	
Mailing Address	

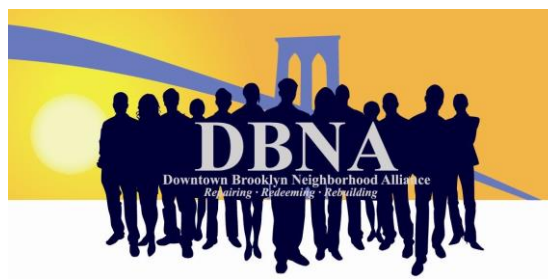
*****NOTE: Email is the primary source of correspondence for the DBNA Community Tickets Program. Please make sure the email address you provide is legible, valid, and checked frequently.**

B. NOT-FOR-PROFIT STATUS

1. Are you a Not-for-Profit, tax-exempt organization? Yes No

2. If "Yes," please provide your tax ID number here: _____

Signature Required on Page Three



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C. ORGANIZATION INFORMATION

1. Please describe your clientele.

2. Please describe the services and programs you provide.

3. What is the mission of your organization?

4. In which community board is your organization located? 2 3 6 8 Other: _____

5. **IMPORTANT: PLEASE PROVIDE A COPY OF YOUR ORGANIZATION'S NOT-FOR-PROFIT STATUS DOCUMENTATION.** (A copy of your IRS letter granting 501(c) 3 or similar status preferred.)

6. Please provide supplemental documentation*, i.e., programs, flyers, website address, letters of recommendation, etc. ** Note: This is not to be used in lieu of your organization's not-for-profit status documentations.*



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*****Signature Required on this Page*****

I have read the "Rules and Application Process" letter, and answered all questions above truthfully and to the best of my knowledge and ability. I understand that any provided information found to be misleading or false may lead to my organization's disqualification in The DBNA Community Tickets Program and may jeopardize my organization's ability to participate in the Program in the future.

Please note: The highest authority within your organization (CEO, Executive Director, Principal, Pastor, etc.) must sign the application. Volunteers, teachers, and/or clerical staff cannot authorize the application.

Organization: _____

Authorizing Official's Name (print): _____

Position: _____

Telephone: _____

Email: _____

Authorized Signature: _____

Contact Person (print): _____

Contact Person's Position: _____

Telephone: _____

Email: _____

Date: _____