Town of Paradise Valley

Community Services Funding Application

Fiscal Year 2025-2026

Application Deadline: January 30, 2026

The Town of Paradise Valley's Mission is to provide high quality public services to a community which values limited government. One way the Town achieves this mission is to provide grant funding to outside organizations that provide services to residents or support an underserved need. You are invited to complete this application and submit it to the Town's review committee for possible funding.

Section 1: Agency and Contact Information

Agency or Organiza	ation Name *		
Website Address			
Mailing Address			
Street Address			
Address Line 2			
City	State/Province	Zip Code	
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Street Address Address Line 2 City State/Province Zip Code **Executive Director/President Name *** Telephone Number * Email Address * **Contact Person (if additional information needed) Contact Email**

Physical Address

Section 2: Background Information

Year Organization Was Formed *
Organization Type * (Check one)
Government Faith-Based Private Non-Profit Other:
Mission Statement *
Legal & Compliance Information
1. Tax ID - Is the organization registered as a charitable organization under Section 501(c)(3)? *
☐ Yes ☐ No
(If yes, attach IRS determination letter)
2. Legal Standing - Has the organization ever filed for bankruptcy or are there any lawsuits, judgments, or claims pending
☐ Yes ☐ No
If yes, explain:
3. Auditor Findings - Does the organization's most recent independent auditor's report find any major deficiencies?
☐ Yes ☐ No
If yes, explain:
4. E-Verify - Is your organization in compliance with A.R.S. §23-214 (employee legal residency verification law)?
☐ Yes ☐ No
If yes, explain:

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at clients or population	ons are served by the	ne organizatio	n / *	
oroximate Annual Ope	erating Budget *			
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Section 3: Funding Request

Program Title *
Amount Requested *
Total Annual Program Budget (from all sources) *
Describe the program or service for which funding is requested *
Include information about the program's goals, population to be served, and how the program serves Paradise Valley residents.

Please check all documents submitted with this application: ☐ List of Board of Directors ☐ IRS 501(c)(3) Determination Letter

Section 4: Required Documentation

Questions?

Contact the Town of Paradise Valley for assistance.

* Required Fields