

2008 APPLICATION FORM



Please read the Program Guidelines for details about this program, including what organizations and events are eligible, matching fund amounts, the application assessment process and criteria. After reviewing the guidelines, complete all sections of this Application Form. If you have further questions, please send an email to MiracleMatch@co-opfs.org or visit www.co-opfs.org or www.miraclesoup.org and click on the Credit Unions for Kids link, then proceed to Miracle Match Program. You may also call Jenni Oberan Smith with CO-OP Financial Services (800.782.9042 ext. 4076) or Becky Ruley with Children's Miracle Network (801.278.8900).

Basic Information

Date:

Applicant Credit Union, League or Chapter:

What Children's Miracle Network hospital are you partnering with?

Project Contact Person:

Mailing Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Project Name/Dates:

Location(s):

This project is (please select one):

New

An existing project currently not funded by CO-OP Financial Services

Project Information

Describe your proposed project.

1. What is your project's name?

2. What type of event is this (i.e. golf tournament, auction, walk/run, etc.)?

3. What are your expected costs to conduct this event?

4. What are your target fundraising goals?

5. What is your target audience for participation?

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6. What is your estimated attendance for this event?
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7. Would you like a representative from CO-OP to attend the event?
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8. Are there additional sponsorship opportunities for this event in which CO-OP can participate?
If yes, please list them:
-
9. How will the event/program be publicized?
-
10. Have you partnered with another organization to execute this event (i.e. hospital, league, other CUs, etc.)?
If yes, what organization(s)?
-
11. If this is an existing event:
- a. Please include a brief description of your event.
 - b. How many years has the program been running?
 - c. What was the operating budget of this program for the past two years?
 - d. What was your audience participation for the past two years?
 - e. What was the net amount raised for Children's Miracle Network in the past two years?
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Application Submission

Submit your application via email or in hard copy format to:

Miracle Match Program
CO-OP Financial Services
9692 Haven Avenue
Rancho Cucamonga, CA 91730

Fax #: 909.948.4077

Email: MiracleMatch@co-opfs.org

To qualify, your applicant submission must be for a project commencing **March 1, 2008** or later.

By submitting this form*, you acknowledge that you have read the CO-OP Financial Services Miracle Match Program Best Practices and that you understand that dollars received from CO-OP Financial Services will not off-set any operating costs, but will go directly to the benefiting hospital.

X
Signature _____

Date

Print Name

* If you're submitting this form electronically, typing your name will count for your signature.