



Address: 405 S. Canal Street,
South San Francisco, CA 94080
Phone: (415) 472-9588
URL: www.moonstarcharitable.org

Instructions:

If your organization meets MCO's Partner/Recipient eligibility requirements, please complete this application.

1. Completely fill out and sign the application.
2. Submit the completed and signed application, and attach your organization's proof of 501c(3) non-profit status and email to caleb@moonstarcharitable.org
3. Once MCO receives your application, it will be presented to the MCO Board for review approval at the next board meeting.

For questions, please contact Caleb Chen, Director of Development, caleb@moonstarcharitable.org

What is this application for? Check one:

Partner Recipient Both Partner & Recipient

1. Applicant Information - to be completed by Partner and Recipient

Organization Name:

Website:

Address:

County:

State:

City:

Zip code:

Contact person's name:

Title:

Email:

Phone: ()

Type of Organization:

Government Agency 501(c)3 Non-profit Fiscal Sponsor Corporation Individual

Is your organization a 501(c)3 non-profit organization? Yes No

Organization's Federal Tax Identification Number:

Indicate your organization's mission:



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2. Application to serve as MCO's Partner - Complete Section 2

A. As a potential Partner, please provide information about the service(s) that you offer.
 Please complete the following questions and mark all that apply.

Type of support	Frequency of your support			
Cash donations	One-time-only	Monthly	Annually	Other
In-kind donations, briefly describe:	One-time-only	Monthly	Annually	Other

B. Service type (Check all that apply.):

Banking/Financial services	Childcare services	Community services
Childcare services	Educational institution	Entertainment
Food/Meal Supplier/Nutrition Services	Healthcare	Legal services
News/Media/Marketing services	Volunteer	Other:

C. What demographic group(s) does your agency primarily serve or target services to?
 Mark all that apply.

All ages	Children (all ages)	College students
Older adults / elderly	Adults with disabilities	Homelessness / Shelter
Low income families	Ethnic minority	LGBTQ
Other:		

3. Application to be MCO's Recipient - Complete Section 3

What kind of support is your organization requesting from MCO?

A. Requested help	B. Frequency (Check one only.)	C. How many people will you serve (based on your Frequency marked)?
Meals	One-time event Monthly Annual	
Financial support	One-time event Monthly Annual	
Other, specify:	One-time event Monthly Annual	



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Other comments:

Please briefly explain how your need(s)/service(s)/initiative(s) is/are inline with MCO's mission:

Initials

_____ I hereby confirm that the information provided above is accurate.

Signature:

Title:

Name:

Date:

For MCO Use Only

Application receive date:	
MCO Board review date:	
Approved by MCO Board:	
MCO Board Chair's name:	
MCO Board Chair's signature:	
Approval date:	
Special Remarks/Comments:	