



Maricopa County Animal Care and Control



New Hope Partner Organization Application

Legal Name of Organization: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Website: _____ Is your organization a current 501(c)3? (Y/N) _____

Do you have employees? (Y/N) _____ If yes, what is your EIN _____

Organization President/Director Name: _____

Phone: _____ Email: _____

<p>Reporting Contact: _____</p> <p>Phone: _____ Email: _____</p>	<p>License Transfer Contact: _____</p> <p>Phone: _____ Email: _____</p>
---	--

President/Director Signature _____ Date: _____

Attach the following information to this form to complete your application and ensure the timely processing.

- Name, address, telephone, and email for all officers & board members of the organization.
- List of individuals currently authorized to transfer (new hope), evaluate, and transport animals from MCACC for your organization (**limit to 5 individuals**). Include name, telephone, and email.
- Primary veterinarian and alternative veterinarian for your organization. Include the name of the facility and veterinarian, address, telephone, and email.
- If you plan on rescuing animals with behavioral issue, describe your approach to behavior modification and list trainers that you work with.
- Describe if your organization is shelter or foster based and if you use boarding facilities.
- List your virtual presence, including social media accounts and adoption marketing sites.
- Articles of incorporation and by-laws filed with the corporation commission, including the certificate of disclosure.
- EIN verification letter, if applicable.
- Current 501(c)3 verification letter.
- Current certificate of insurance providing coverage as set forth in the New Hope Program contract.** If you do not have employees and do not carry workers' compensation coverage, you will be required to sign and return the enclosed waiver.
- Which kinds of animals are your organization interested in rescuing?** (Check all that apply):

<input type="checkbox"/> Medical	<input type="checkbox"/> Cats only
<input type="checkbox"/> Behavioral	<input type="checkbox"/> Dogs only
<input type="checkbox"/> Senior	