



FESTIVAL  
DE LA FAMILIA  
www.festivaldelafamilia.org

## 2010 FESTIVAL DE LA FAMILIA COMMUNITY OUTREACH APPLICATION

Contact Name: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Name to appear on booth sign (22 letters maximum): \_\_\_\_\_

Non Profit Status: \_\_\_\_\_ Check One: Tax Exempt \_\_\_\_\_ Non-tax Exempt \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone/Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail (*Please Print*): \_\_\_\_\_ Website: \_\_\_\_\_

### Selection Criteria for Participation:

- Community Outreach booths must represent a group, association or public agency.
- Participants must promote services provided to the Latino community.
- Booths must have bilingual personnel available throughout the event.
- Booth activities must promote a positive image of Latino values, contributions, and culture.
- Preference will be given to booths with interactive, engaging activities.
- Sales of items, food, drinks, etc. are not permitted.

### QUESTIONS

1. Have you participated in the past with Festival de la Familia?  
( ) NO ( ) YES No. of years \_\_\_\_\_

2. Please explain how your proposed booth activities are family oriented, interactive & educational?

\_\_\_\_\_

\_\_\_\_\_

3. Do you provide services specifically targeted to the Latino community? ( ) NO ( ) YES  
If yes, identify those services:

\_\_\_\_\_

\_\_\_\_\_

If not yet, describe planned services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How will you ensure bilingual staff coverage within your booth?

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5. Do you plan to distribute printed materials, handouts, and/or give-aways? ( ) NO ( ) YES

If yes, prepare to have supplies sufficient to serve a large crowd. We recommend a minimum of 1,000 copies or number of items.

6. How many people will staff your booth during the Festival Event? \_\_\_\_\_

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<b>FEES – All fees, must be received by April 19, 2010</b> <i>Request for multiple spaces cannot be guaranteed.</i>		
<b>10' x 10' space, one table, two chairs &amp; shade canopy.</b> <i>Every vendor booth will receive a parking pass &amp; two admission tickets.</i>	No. ____ x \$325	\$ _____
<b>Parking Passes &amp; Admission Tickets</b> <i>Specify amount of extra parking passes &amp; admission tickets needed.</i>		
<b>Additional Parking Passes</b>	No. ____ x \$10	\$ _____
<b>Additional Admission Tickets</b>	No. ____ x \$10	\$ _____
<b>Late Fees</b> <i>(if applicable)</i>		
<b>Late Application Fee (if postmarked after March 31, 2010)</b>	\$25	\$ _____
<b>Late Payment Fee (if postmarked after April 19, 2010)</b>	\$50	\$ _____
<b>TOTAL AMOUNT DUE</b> <i>Make Check or Money Order Payable to Festival de la Familia – Community Outreach</i>		\$ _____

**NAME OF ORGANIZATION & PERSON WHO WILL ISSUE CHECK**  
(Example: Sacramento County Health Department, Jane Smith)

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**SPECIAL NEEDS/REQUESTS**

(Specific location may be requested, but cannot be guaranteed):

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Questions? Comments? Please include them & the Committee will respond as soon as possible.

**APPLICATIONS MUST BE POSTMARKED OR EMAILED BY MARCH 31, 2010.**

**Mail to: FDLF Community Outreach Committee,  
ATTN: Jackie Gallegos  
P.O. Box 462, Carmichael, CA 95609  
Call (916) 348-7085 or (916) 616-9909  
Email: JackieGallegos@comcast.net**