



2026

## Pink & Green Community Service Foundation Request for Grant

(TO BE COMPLETED BY REQUESTING ORGANIZATION)

Date:	
DENIED	<input type="checkbox"/>
APPROVED	<input type="checkbox"/>
Amount:	
Terms:	
Determining Officer:	
PRINT NAME	

The Pink & Green Community Service Foundation, Inc. (Foundation) provides grants, scholarships and financial support to programs, events and activities that match our mission, current program initiatives of the sorority and target groups. Funds are considered based on the recommendations of members, general application or direct written organizations solicitation.

**Section 1:** Please answer the following questions (*Governmental entities/agencies may skip Section 1*):

1. Has your organization received a determination letter from the IRS acknowledging your organization as a Section 501(c)(3) organization that is a public charity? \_\_\_\_ Yes \_\_\_\_ No

Is the determination letter final or advance? \_\_\_\_ Final \_\_\_\_ Advance

If your organization has an advance ruling, when does that advance ruling period end? \_\_\_\_\_

**Attach a copy of your most recent IRS tax-exempt determination letter and Page 1 of your most recently filed Form 990 to this request. Please confirm your employer identification number ("EIN") is included in the above information.**

2. As of the date of this request for a grant, has the organization been notified by the IRS at any time after the issuance of the IRS tax-exempt determination letter referred to above, that its Section 501(c)(3) and public charity status has been, or will be, revoked? \_\_\_\_ Yes \_\_\_\_ No

3. Will the amount of the grant your organization is requesting adversely impact its public charity status? \_\_\_\_ Yes \_\_\_\_ No

The name of your organization exactly as it appears in its Articles of Incorporation is: \_\_\_\_\_

The name of your organization's Chairperson, President, or Executive Director is: \_\_\_\_\_

**Section 2:** If the applicant for a grant is a governmental entity or agency, please describe what type of entity is applying, such as a state, county, city, or college or university that is an agency of (or owned and operated by) a governmental unit: \_\_\_\_\_

Proposed grant is for \_\_\_\_ OPERATIONAL SUPPORT / \_\_\_\_ PROJECT SUPPORT

Will the requested grant be used "exclusively for public purposes"? \_\_\_\_ Yes \_\_\_\_ No

**Please provide documentation of your governmental status (i.e., budgets, statutory guidelines, etc.).**

**Section 3:** Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Title of Project: \_\_\_\_\_ Geographic Area served: \_\_\_\_\_

Purpose of the grant: \_\_\_\_\_

Grant requested by organization \$ \_\_\_\_\_ Total Cost of Project: \$ \_\_\_\_\_

Has the applicant received any grants previously from the Foundation? \_\_\_\_ Yes \_\_\_\_ No

If so, please provide details: \_\_\_\_\_

**If the grant is accepted, the recipient agrees to the use of their organization logo, insignia, or name as a benefactor of the Foundation for the duration of one year.**

If approved, check should be payable to (if different from above): \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

**Return the form and supporting documentation to:**  
**[pinkandgreenfoundationtreasurer@yahoo.com](mailto:pinkandgreenfoundationtreasurer@yahoo.com) or PGCSF PO Box 1516 Columbia, SC 29202**