



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: _____ Phone _____

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 approved, check should be made payable to (if different from above): _____

Date: _____ Signed: _____
Organization: _____
Title: _____