

**JAMES B. CHAMBERS
MEMORIAL GRANT APPLICATION**

Date

Section A: Organization Information

Name: _____

Address: _____

Mailing Address
(if different): _____

Grant is on behalf of: Individual Organization

Date organization formed: _____

State of incorporation/formation: _____

Federal Tax Identification Number: _____

Section B: Type of Organization
(Please check the appropriate box.)

- | | |
|---|--|
| <input type="checkbox"/> Religious Organization | <input type="checkbox"/> Amateur Athletic Organization |
| <input type="checkbox"/> Charitable Organization | <input type="checkbox"/> Civic League |
| <input type="checkbox"/> Scientific Organization | <input type="checkbox"/> Social Welfare League |
| <input type="checkbox"/> Educational Organization | <input type="checkbox"/> Private Foundation |
| <input type="checkbox"/> Business League | <input type="checkbox"/> Social Club |
| <input type="checkbox"/> Public Charity | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Other (please describe): _____ | |

Has this organization been formally granted tax-exempt or non-profit status by the Internal Revenue Service? Yes No

If you answered "yes" to the previous question, please attach:

1. a copy of the most recent Determination Letter issued by the I.R.S. District Director;
2. a copy of the most recently-filed Form 990, Return of Organization Exempt from Income Tax.

Section C: Additional Information

Please attach copies of the following items:

1. copy of By-Laws;
2. current listing of Board of Directors or officers, or other details regarding governing body;
3. most recent financial statements (check one):
 Audited Compilation Unaudited;

Has this organization applied to the Chambers Memorial for a grant in the past?

- Yes (date requested _____) No

Section D: Information regarding Current Grant Request

1. Amount of request: \$ _____
2. Type of request:
 General Assistance;
 Capital Improvement;
 Seed Money (list potential future sources of funds and indicate level of commitment);
 Expansion of Program or Services (provide details as well as funding sources for continuance of expanded program or services);
 Other (please explain): _____
_____.
3. Distribution requirements:
 Request for distribution of total request during the current fiscal year;
 Request for distribution over several future periods (please provide details).
4. Please provide a narrative that describes, in specific terms, the proposed use of funds.
5. Are there other funds available to your organization whose receipt is dependent upon approval of this grant request? Yes (source: _____) No
6. Is this a request for a matching grant? Yes No

7. If you answered "yes" to question number six, please identify the sources and matching ratios (i.e.: two for one, three for one, etc.):

Section E: General Information

Request prepared by:

Name: _____

Title: _____

Phone: _____

Person(s) authorized to discuss this request (if necessary):

1. Name: _____

Title: _____

Phone: _____

2. Name: _____

Title: _____

Phone: _____

3. Name: _____

Title: _____

Phone: _____

Section F: Certification

I/we hereby certify that the information provided on this application form is true and accurate to the best of my/our knowledge and belief.

Authorized Signature: _____

Date: _____