



Knights of Columbus



State of Arizona People With Intellectual Disabilities Grant Request

AZ State PWID Director: Larry Powers
4632 S Shoshoni Avenue Sierra Vista, AZ 85650-8108
(702) 897-8135 Programs@koc-az.org

NAME OF ORGANIZATION: _____

(How Check Should Be Made Out)

NAME OF PROGRAM: _____

(If Different from Organization Listed Above)

DATE OF APPLICATION: _____

TAX IDENTIFICATION #: _____

MAILING ADDRESS: _____

The Knights of Columbus is pleased to consider your application for a grant from the Program for People with Intellectual Disabilities. Funds received from this grant must be used to directly aid citizens with intellectual disabilities. Further, agencies receiving these funds **must be a non-profit organization eligible to receive tax-deductible donations** as defined by the United States Internal Revenue Service.

Applications can be submitted through a local Council of the Knights of Columbus for endorsement and recommendation by the Grand Knight of that Council or be submitted directly to the State Program Director for review and recommendation. The State Program Director must receive all applications by **January 31, 2019**.

Applications received later may not be considered.

Applications must include the following:

- ❖ Cover Letter
- ❖ List of items to be purchased or statement of how the funds will be spent
- ❖ Financial statement showing sources of the programs funding and how the program's funds are spent
- ❖ A statement signed by the Chief Financial Officer indicating Not-For-Profit status
- ❖ This application Cover Sheet signed by the Program Director or authorized individual

TOTAL AMOUNT OF FUNDS REQUESTED: \$ _____

I certify that this application is complete and is an accurate representation of our program's need. I also certify that funds received will be used to directly support citizens with intellectual disabilities and **NOT** be used for **OVERHEAD** or **SALARY** expenses and not supplement other funding sources.

Signature of Program Director of Authorized Party

Date:

Print Name:

Do Not Write Below This Line

Date Received: _____	Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Received From Other Councils: _____ \$	
Amount Recommended: \$ _____	Amount Approved: \$ _____
Remarks: _____ _____	