



# Knights of Columbus

## State of Arizona Campaign for People With Intellectual Disabilities Grant Request



AZ State CPID Director: Joe Curran  
4408 W. Olivette Mine Pl., Tucson, AZ 85745-4122  
(520) 331-4883 JC22925@gmail.com

**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 Arizona State CPID Director for review and recommendation. The Arizona State CPID Director must receive all applications by **January 31, 2022**.

**Applications received after this date will 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: _____ _____	