

WOOD-CARR COMMUNITY FUND

A fund of the Community Foundation of Southern Indiana

Application for Donation

Please complete the following and submit to:

Borden Town Hall
c/o Wood-Carr Community Fund
P.O. Box 125
Borden, IN 47106

Or a Wood-Carr Community Fund board member

1. Is the applicant organized as a nonprofit organization under state laws governing charitable organizations (ie: 501c3 organization)?

Yes No

2. Has the applicant received a ruling or determination letter from the Internal Revenue Service regarding any of the following?

Exempt Status	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Private Foundation status	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Grant-making procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public Foundation status	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, attach a photocopy of each such letter.

3. Briefly describe the organization's purpose. *Please attach a separate sheet if needed.*

4. List the name and address of each member of the organization's governing board:

Name:	Title:
Street Address:	City, ST, Zip:
<hr/>	
Name:	Title:
Street Address:	City, ST, Zip:
<hr/>	
Name:	Title:
Street Address:	City, ST, Zip:
<hr/>	

WOOD-CARR COMMUNITY FUND

A fund of the Community Foundation of Southern Indiana

Application for Donation

5. Show the amount requested and explain in detail how it will be used. State whether the grant is to be earmarked for the use or benefit of any one person, group, or class of people. If so, for whom? *Please attach separate sheet if needed.*

6. Person to contact whom will be administering the proposed program.

Name: _____ Title: _____

Street address: _____ City, St, Zip: _____

Area code and phone #: _____

From my own knowledge, I state the information given above is correct. The applicant organization has authorized me to make this application.

Name: _____

Date: _____

Title or Office: _____