



HORIZON-CARES CHARITABLE GRANT PROGRAM
Application for Corporate Contribution

(Target area: low-to-moderate income families)

ORGANIZATION NAME _____

PROJECT NAME _____

MAILING ADDRESS _____

CONTACT PERSON _____ TITLE _____

PHONE _____

FAX _____

Tax -Exempt Identification Number (501)(c)(3) _____

(This is a requirement for any organization wishing to have their request reviewed by the Corporate Contributions Committee.)

Which county will be receiving the major benefit from this contribution?

What is the total amount of your request and over what period of time would you like to have the contribution paid out?

\$ _____

Is this request for operating, capital or a special project? _____

Please describe project in detail, include objective, benefits, client base and expected results.

APPLICATION DUE SEPTEMBER 30

Please describe in detail how you will evaluate the success of this project.

PLEASE ATTACH COPIES OF THE FOLLOWING:

- 1) The organization's tax returns for the past three years (Federal & State)
- 2) Articles of Incorporation
- 3) Bylaws
- 4) Tax Exempt Certificate from the U.S. Internal Revenue Service
- 5) Tax Exempt Certificate from the State of Indiana

FOR OFFICE USE ONLY

Application sent: _____

Application received: _____

Amount Requested: _____

Amount Approved: _____

Site Visit Recommended Yes ____ No ____

Notes:
