**Organization Information FEDERAL ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IRC Section# \_\_\_\_\_\_\_\_\_\_**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name and Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_

1. **Describe How The Previous Donation Impacted The Organization and Supported Goals:**
2. **Amount Currently Being Requested**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Describe how the money will be used (be specific) and how it will support the organization’s goals?** (*Note that donation funds can only be used for the purpose described here*).

I agree, on behalf of the applying organization, that the funds requested will only be used for the purpose described, and if funds are not so used, they will be returned to Karis. I also agree to provide Karis (upon request) with a written summary or testimony of how the donation is used to support the organization’s goals and how it helped the populations served.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return the application to Karis by one of the following methods:

Mail: PO Box 155, Weyers Cave, VA 24486

Email: thekarisproject@gmail.com

**To be used by Karis only**

Application Status: APPROVED / REJECTED / PENDING

Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Donation Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: