Knights of Columbus

Foundation of Mississippi, Inc

**Council Disbursement Request Form**

**Campaign to Support Individuals with Intellectual Disabilities**

(Use separate form for each program)

Information required to satisfy Foundation’s IRS reporting requirements

1. **Program:** New ( ) Existing ( ) **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **Name of Program/Facility**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Address of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. City & ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Not for profit: Yes ( ) No ( )

d. Is Federal Tax Exempt Letter for Agency Attached? Yes ( ) No ( )

3. **Type or category of Facility:**

a. Public ( ) State ( ) County ( ) City ( ) Private ( ) Church ( ) ARC ( )

Other: (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. **Description of Program Operation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Number of Individuals receiving service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Geographic area served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. **Is the Program restricted to any group?**

a. Religious: Yes ( ) No ( ) Economic: Yes ( ) No ( ) Race: Yes ( ) No ( )

6. **Are Fees charged for the Program?** Yes ( ) No ( )

a. If yes, how are they determined? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7.** **Amount requested**: $\_\_\_\_\_\_\_\_\_\_\_ Explain how funds will be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Amount of Federal Matching Funds appropriated for project**: $ \_\_\_\_\_\_\_\_\_\_\_\_

**9. Council Information**: Council # \_\_\_\_\_\_\_\_\_

1. Council Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Print Grand Knight’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Treasurer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail to: Robert D Munroe Jr Office Use: \_\_\_\_\_\_\_\_\_\_\_

707 Castlewoods BlvdCheck #\_\_\_\_\_\_\_\_\_\_\_

 Brandon, MS 39047 Date Mailed: \_\_\_\_\_\_\_\_\_\_\_

*Forms may be emailed to:* [rcmnrm@comcast.net](rcmnrm%40comcast.net%20)