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	r Agency Attached? Yes () No ()
3. Type or category of Facility:	
a. Public () State () County () Cit	ty() 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 grou	p?
a. Religious: Yes () No () Economic	ic: Yes () No () Race: Yes () No ()
6. Are Fees charged for the Program? Y	'es() No()
a. If yes, how are they determined?	?
7. Amount requested: \$ Ex	xplain how funds will be used:
8. Amount of Federal Matching Funds a	ppropriated for project: \$
9. Council Information: Council #	
a. Council Address:	
b. Print Grand Knight's Name:	Phone #
c. Treasurer's Name:	Phone #
Mail to: Jim McCraw	Office Use:
927 Whitworth St	Check #
Jackson, MS 39202	Date Mailed: