

**Campaign for Persons with Intellectual Disabilities  
Disbursement Fund Request Form**  
Use separate form for each program

Date \_\_\_\_\_

1. New Program ( ) Existing Program ( )

2. Name of Facility \_\_\_\_\_

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

b. City \_\_\_\_\_

c. Not for profit yes ( ) no ( )

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

e. If Church Facility...listed in \_\_\_\_\_

3. Ownership of Facility

a. Public ( ), State ( ), County ( ), City ( ), other (explain) \_\_\_\_\_

b. Private ( ), Church ( ), ARC ( ), Other (explain) \_\_\_\_\_

4. Operation of Program

a. Number of Persons receiving service \_\_\_\_\_

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

5. Is Program restricted to any group:

a. Religious yes ( ), no ( ) b. Economic yes( ), no( ) c. Race yes( ), no( )

6. Are fees charged for the Program? Yes ( ), no ( ). If yes, how are they determined?

\_\_\_\_\_

7. Amount requested \$ \_\_\_\_\_, Explain how it will be used: \_\_\_\_\_

\_\_\_\_\_

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

Council # \_\_\_\_\_ Address \_\_\_\_\_

Grand Knight \_\_\_\_\_ M.R. Treasurer \_\_\_\_\_

Mail to:  
Larry J. Tabor, PSD, FM  
Executive Director  
9601 Blossman Drive  
Biloxi, MS 39532-9707

DO NOT USE THIS LINE Approved Yes ( ) No ( )

Check # \_\_\_\_\_ Date Mailed \_\_\_\_\_