



# Application for Community Grant

Return completed form to the Walmart where you obtained this application

**Facility Use Only**

Facility #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Manager's Name (signed and printed): \_\_\_\_\_ / \_\_\_\_\_

*This application must be completed and kept in record retention for three years at your facility*

**To be Completed by the Organization:**

Select one:  IRS designated  501(c) (3)\* organization OR:  Public School  Federal, State or Local Government Agency\*\*

\*Organizations must (1) have a current tax-exempt status under Section 501c (3) of the Internal Revenue Service Code, (2) must qualify as a public charity under Section 509(a)(1) or 509(a)(2) of the Internal Revenue Code, and (3) must be listed in the most current IRS 50 State Master File at the time of application.

\*\*Any grant of funds to a governmental entity would be conditioned upon the funds being used exclusively for public purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

Federal 501(c) (3) Tax ID #: (9 digits) \_\_\_\_\_ Public Charity Status:  509(a) (1) or  509(a) (2)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**What service does your organization provide to the community?**

\_\_\_\_\_

**Specifically, how will funds from this grant be utilized in your local community?**

\_\_\_\_\_

**If awarded a grant, will the funds be utilized within this LOCAL community?**  Yes  No

**Which of the following groups will this funding primarily benefit?** This information is used solely to track our funding to specific diverse community groups and is NOT considered during the grant review or approval process. **Please select only the most appropriate:**

Hispanic  African American  Asian American  Native American  Disabled Community  Other

**By checking this box, Organization acknowledges that if awarded a grant, there is no obligation to buy merchandise from any Wal-Mart Stores Inc, location**

**Organization Representative:** By signing below I acknowledge that this form represents a request for funding, and is not a guarantee of funding. Final approval is subject to the guidelines of the Wal-Mart Foundation. All organizations requesting grant funding must abide by the rules and guidelines set forth by the location, Wal-Mart Stores, Inc., and the Wal-Mart Foundation. This request will not be processed unless completed and signed by all parties.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_