

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 # _____

a. Council Address: _____

b. Print Grand Knight's Name: _____ Phone # _____

c. Treasurer's Name: _____ Phone # _____

Mail to: Robert D Munroe Jr
707 Castlewoods Blvd
Brandon, MS 39047

Office Use: _____
Check # _____
Date Mailed: _____

Forms may be emailed to: rcmnm@comcast.net