



**HORIZON-CARES CHARITABLE GRANT PROGRAM**

**Application for Corporate Contribution**

**(Target area: low-to-moderate income families)**

ORGANIZATION NAME \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

Tax -Exempt Identification Number (501)(c)(3) \_\_\_\_\_

(This is a requirement for any organization wishing to have their request reviewed by the Corporate Contributions Committee.)

Which county will be receiving the major benefit from this contribution?

\_\_\_\_\_

What is the total amount of your request and over what period of time would you like to have the contribution paid out?

\$ \_\_\_\_\_

Is this request for operating, capital or a special project? \_\_\_\_\_

Please describe project in detail, include objective, benefits, client base and expected results.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**APPLICATION DUE SEPTEMBER 30**







Please describe in detail how you will evaluate the success of this project.

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**PLEASE ATTACH COPIES OF THE FOLLOWING:**

- 1) The organization's tax returns for the past three years (Federal & State)
- 2) Articles of Incorporation
- 3) Bylaws
- 4) Tax Exempt Certificate from the U.S. Internal Revenue Service
- 5) Tax Exempt Certificate from the State of Indiana

**FOR OFFICE USE ONLY**

Application sent: \_\_\_\_\_

Application received: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Site Visit Recommended    Yes \_\_\_\_    No \_\_\_\_

Notes:

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