



Legal Name of Organization: _____ Date of Application: _____

Year Founded: _____ Current Annual Operating Budget: \$ _____

Executive Director: _____ Email: _____

Contact Person/Title (if different from Executive Director): _____

Address: _____

Phone: _____ Fax: _____ Website: _____

Project Name: _____

Purpose: _____

Amount Requested: \$ _____ Frequency: Once Monthly Yearly

Total Project Cost: \$ _____

Source(s) of Additional Funding: _____

Project Goals: _____

Beginning and Ending Dates of the Project/Campaign: _____

Geographic Area to be Served: _____

Name/Address/Phone Number of 3 References: _____

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

1. The tax-exempt status of this Organization is still in effect.
2. This Organization does not directly or indirectly engage in or support any terrorist activity.
3. Neither the Organization, nor any officer or director of thereof, is included on any lists of terrorists or terrorist organizations compiled by the United States government or any other national or international body, including but not limited to (i) the U.S. Treasury Department's Specially Designated Nationals List, (ii) the U.S. State Department's Terrorist Exclusion List, (iii) the United Nations List Pursuant to Security Council Resolution 1390 (2002) and Paragraphs 4(B) of Resolution 1267 (1999) and 8(C) of Resolution 1333 (2000), and (iv) the European Union List Implementing Article 2(3) of Regulation (EC) No 2580/2001 on Specific Restrictive measures Directed Against Certain Persons and Entities with a View to Combating Terrorism. This Organization does not distribute funds to benefit, directly or indirectly, any individual or organization that is engaged in or supportive of terrorism.

Signatures:

President, Board of Directors

Date

Executive Director

Date