

COLUMBIAN FOUNDATION SUPPORTING PEOPLE

WITH INTELLECTUAL DISABILITIES, INC.

K of C Council Proposing Grantee: Number _____ Name _____

Grand Knight _____ Telephone _____ e-mail _____

ORGANIZATION/AGENCY INFORMATION

Name		
Address		
City	State	Postal Zip Code
Telephone	FAX	e-mail
Mailing Address (If different from above) City	State	Postal Zip Code
501c(3) Tax ID Number (Attach copy of IRS determination letter)		
President/Executive Director	Contact Person	
Title	Title	
Phone	Phone	
Fax	Fax	
e-mail	e-mail	

GRANT INFORMATION AND REQUIRED SIGNATURES

PROGRAM/PROJECT NAME _____

PURPOSE OF GRANT - (Attach more details/Information) _____

Name of Board President/Chairman/CEO/Director _____

Signature: _____ Date _____

Name of Organization Treasurer or CFO: _____

Signature: _____ Date _____

Submit to Columbian Foundation Supporting People with Intellectual Disabilities, Inc., Grant Applications Committee, Mr. Michael E. Miller, Chairman, 3686 Conquista Avenue, Long Beach, CA 90808-2808 [phone 562-429-5430]