Margaret Nininger Carl Trust Fund Grant Application

All applications must be typewritten.

Hand written requests will not be considered for funding.

"Fillable" PDF form available at: www.pswdcob.org/grants

Purposes of Trust Fund

- 1. To distribute Bibles, Testaments and Gospels""Fgrgyg"cml\frgf"lphq"Dwvqp"
- 2. To purchase books in support of wellness initiatives and drug education.

Name	plicant's Name and Address and tax I.D. Number: Email							
Address	;							
City	State	Zip		-				
Tax ID	#	Phone ()					
Inform	ation about the applicant:							
1.	Is the applicant organized as a non-profit organization under state laws governing charitable organizations?							
2.	Has the applicant received a ruling or determination letter from the Internal Revenue Service about the following: (a) Exempt Status							
3.	Describe the applicant's pu							
4.	Is the applicant controlled by sponsored by another organ	• -		· —	□ No			
	If "yes," identify the organization							
5.	Has the applicant ever applicant Trust Fund?		•		□ No			

Use of Proposed Grant:

whethe	-	be earmarked		how it will be used. State r benefit of any one group,				
Amount requested \$								
$L_{\lambda f}$	нит инсписи изс	, joi example. 100	Divies (w. \$2.5	90 \$230.00)				
Contact pe	erson who will	administer the	proposed p	orogram:				
Name			Title					
Address			<u> </u>					
City		State	Zip					
Phone (_)		Email					
Data of An	nlication							
Date of Ap	ppiication;			<u> </u>				
		-		year. Applications received ds should not be spent,				
			=	pay if grant is denied.				
Applicatio	ns should be s	ent to:						
Margaret Nininger Carl Trust Fund								
		outhwest Distric La Verne, CA		the Brethren				
		@pswdcob.o						
For Office use:								
Date received:		Committee action:		Date of notification:				