REQUEST for KIND Charities of Tennessee, Inc.
MATCHING GRANT

DATE:_____

AGENCY:_____

(Must have 501(c)(3) IRS designation)

ADDRESS:_____

_____

_____

AMOUNT REQUESTED:_____

SUBMIT REQUEST TO: Mr. Jerald Dougherty, Sr., President, 403 Tigitsi Circle, Loudon, TN 37774-7807

LOCAL COUNCIL #_____

SIGNATURE:_____

PHONE NUMBER:_____

1. Attach copy of Agency's 501(c)(3) IRS Designation

2. Describe Councils association with Agency:_____

_____

_____

_____

3. Description of Agency's need:_____

_____

_____

_____

(ATTACH ANY ADDITIONAL SUPPORTING DOCUMENTATION)

KIND Charities USE ONLY: Grant No._____DATE RECEIVED:_____

STATUS OF REQUEST:_____

AMOUNT OF GRANT:_____

APPROVED BY:_____ DATE DISBURSED:_____

Rev 5/21