A TENNESSEE KNIGHTS OF COLUMBUS SPONSORED CHARITY

REQUEST for HELP

DATE OF REQUEST: _____ AMOUNT REQUESTED: _____
AGENCY: _____
AGENCY MAILING ADDRESS:
Street: _____
City: _____ Zip: _____

COUNCIL NUMBER: _____ COUNCIL NAME: _____
PARISH: _____ CITY: _____
COUNCIL POC NAME: _____ POC PHONE: _____
POC E-MAIL: _____

GRAND KNIGHT NAME: _____ GK PHONE: _____
GK MAILING ADDRESS:
Street _____
City: _____ Zip: _____ **SIGNATURE**: _____
GK E-MAIL: _____

AGENCY REQUIRED INPUT – SUMBIT ALL TO THE COUNCIL

1. Provide a copy of the agency's 501(c)(3) IRS Designation.
2. Provide (a) an overview of the agency's mission and goals that directly serve intellectually or developmentally disabled (IDD) clients, (b) how it is funded and (c) a summary of its budget.
3. Describe the agency's need that will benefit from this gift. Include (a) a breakdown on how this gift will be spent, (b) what specific outcomes this gift will achieve for the agency, (c) how many of the agency's intellectual or developmental disabilities (IDD) clients will benefit and (d) how the agency will measure the success of this gift.
3. How will the agency sustain what this gift was used for.
4. Attach any additional supporting documentation that will provide justification for this gift.

COUNCIL REQUIRED INPUT AND ACTION

1. Describe the council's association with the agency.
   a. Include a list of previous financial gifts given, which include: (i) gifts given directly to the agency by the council*, (ii) gifts the council directed KIND to disburse from the council's account with KIND, and (iii) gifts the council obtained from KIND using this application process. [*Were any gifts, which were given directly to the agency, fundraised by the council using KIND's name?]
   b. Include projects for which your council provided man hours; e.g., painting, landscaping, social programs, etc.
2. How does the council view this request will assist individuals with IDD, more so than what has been done in the past?
3. In the last three years, has the council performed an annual fund drive for KIND? If not, (a) please explain why the Council should receive consideration now and (b) describe what are future plans for making donations and disbursements through KIND.

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REQUEST for HELP (continued)

COUNCIL REQUIRED INPUT AND ACTION (continued)

4. Consolidate council and agency inputs.
5. Submit the completed request to: Mr. Steve Comm, PSD, President, 112 Lake Chateau Dr., Hermitage, TN 37076-3006 (email: scommKC@att.net).
6. Send a copy to: Walt Hanson, Vice President (Grant Committee Chairman), 280 Cape Lookout Light, Loudon TN 37774-7726 (email: wehanson319@gmail.com)

If you have questions, please contact Walt Hanson at 865-803-5842.

KIND Charities of Tennessee USE ONLY

REQUEST NO. _____

DATE RECEIVED: _____

CATEGORY OF HELP: Donation ☐ Grant ☐ Matching Grant ☐

DATE OF INITIAL CONTACT: _____

DATE(S) OF SUBSEQUENT CONTACT(S): _____

REMARKS: _____

_____

_____

PAST DONATIONS BY THIS COUNCIL TO THIS AGENCY: _____

RECOMMENDATION OF COMMITTEE: Accept ☐ Reject ☐

Discussion: _____

_____

VOTE OF BOARD OF DIRECTORS: Accept ☐ Reject ☐

Discussion: _____

_____

STATUS OF REQUEST: _____

AMOUNT OF DONATION: _____

APPROVED BY: _____

DATE DISBURSED: _____ CHECK NO. _____

Rev 10/2026