



If yes, are they compensated?

name \_\_\_\_\_  
address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

### Memberships/Associations

Check any memberships and associations to which your organization belongs and any Accreditations received and by whom?

ECFA  SACA  NAICU  ATS  CIC  
 CCCU  NCACS  UNITED WAY  
 OTHER \_\_\_\_\_

### Other foundations that have funded your organization

Name of Organization (1):

\_\_\_\_\_

Address:

address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Phone Number:

\_\_\_\_\_

Name of Organization (2):

\_\_\_\_\_

Address:

address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Phone Number:

\_\_\_\_\_

### Other

Does your organization submit an IRS form 990?

yes  no

Does your organization receive government funding?

no  yes (please check)  state  county  federal

Does your organization attempt to influence legislation and/or candidacy of persons for elected office?

no  yes, Explain: \_\_\_\_\_

### \*ALL Fields Must be Completed.

### Proposal Packet must contain:

#### Mail the items listed to the right to:

Attn.: Grants Administrator  
The Chatlos Foundation, Inc.  
P.O. Box 915048  
Longwood, FL 32791-5048

- A Cover Letter which includes the project description and speci requested.
- The proposal not to exceed 5 pages.
- The most recent organizational budget as approved by Board c
- Copy of IRS Tax Exempt Letter.
- Completed Chatlos Foundation application.

**PLEASE DO NOT BIND THE PROPOSAL**

Reset

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