



## **Rochester Knights of Columbus Donor Advised Fund**

11 SW 4th Ave Rochester MN 55902

### **Charitable Contribution Request Form**

#### **General Information:**

Name of the Organization for which the funds are being requested:

Address of the Organization for which the funds are being requested:

Contact Person at the Organization:

Phone number of the contact person:

E-mail address of the contact person:

#### **Organization Information**

1. Please provide a general description of organization requesting funds:
2. What are the purpose and goals of the organization:
3. What other sources of funding does the organization receive:

#### **Program / Project Information**

4. Please provide a description of the program or project for which funding is requested:
5. What results are being obtained now without the requested funds? How will the results change if this request is funded?
6. What are the goals of the program or project (long term and short term)?
7. How will the success of the program or project be measured or evaluated?
8. If your request is funded, we ask that you provide feedback to us on the results of the program or project. How will these results be reported back to us?
9. Amount of funding requested:

Person Submitting this Request:

Phone:

E-mail:



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#### **To Be Attached:**

- 1. Proof of 501(c)(3) status. IRS requirements state we can only provide funding to organizations that are tax exempt under IRS Section 501(c)(3).**
- 2. Detail budget for the program or project including all sources of funding and expenses.**
- 3. Any descriptive literature of the organization, its programs, and the specific project or along with any other information to help us in determining whether to fund this request.**

**Return completed form and attachments to address above. Form must be received by January 31<sup>st</sup> to be considered for funding in the current cycle.**

[Click Here](#) to review the Donor Advised Fund Guidelines and Procedures