

ORDER OF MALTA – AMERICAN ASSOCIATION

AREA DONATION
(\$5,000 OR GREATER)
APPLICANT CHECK-OFF LIST

(TO BE COMPLETED BY APPLICANT)

Area: _____

Name of Organization: _____

Amount Requested: _____

Purpose: _____

Check-off List (Documents to be Provided by Organization that will receive Area Donation)

- Detailed Budget
- Latest 12 month Financial Statements. Provide, if any, the latest 12-month Independent Auditor's Report and accompanying notes.
- Listing of Board of Directors (please indicate if any directors are Members of the Order of Malta, American Association, including Auxiliary)
- Listing of Members of the Order of Malta, American Association and Auxiliary currently actively involved or will become actively involved in the project in 2014 and describe the extent of their activity.
- Mission Statement
- IRS form 990 filed (if none available, please provide explanation).
- IRS Tax Exempt Approval Letter
- Optional Narrative

APPLICATIONS WITH MISSING DOCUMENTATION WILL NOT BE CONSIDERED

Applicant Certification

I have reviewed the attached application and required documents and certify that all information has been reviewed, is correct and is attached to this application.

Signature

Name

Title

Date

AREA DONATION APPLICATION FOR \$5,000 OR GREATER
(Please Print or Type. Do not staple materials – Clip only)

NAME AND ADDRESS OF TAX-EXEMPT ORGANIZATION SUBMITTING APPLICATION:

Name: _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Fax Number:** _____

IRS EIN # _____ **E-Mail:** _____

(Required Information)

Amount Requested: \$ _____ **For Fiscal Year:** _____

Total Project Cost: \$ _____ **Amount Requested: \$** _____

If amount requested cannot be granted, what amount would be helpful to move the project forward? \$ _____

CONTACT PERSONS:

Name of American Association Sponsor: _____

Phone Number: _____ **Fax Number:** _____

Email: _____

Name of Executive Director: _____

Phone Number: _____ **Fax Number:** _____

Email: _____

Has this organization ever applied to, or been funded by the American Association?

YES

NO

1. INTRODUCTION – Give brief description of the major goals of the organization; describe the population served and the actual number of clients served in the past fiscal year:

2. SPECIFIC PURPOSE – In 30 words or **less**, give the specific purpose for which funds are being sought:

6. **EVALUATION** – Explain how you will determine that you have accomplished what you want to do.

7. **DISCLAIMER** -- By applying for this grant, you acknowledge that the Order of Malta, American Association has no responsibility for the governance or the management of your organization.

This grant, and any volunteer services or individual gifts contributed by members of the American Association, do not constitute sponsorship of your organization by the Order or the American Association or create anything other than a donor/donee relationship. Responsibility for the oversight and operation of your organization rests solely with your leadership and not the Order of Malta, the American Association or any of its members. The grant provided herein and any volunteer services performed by our members are solely intended as a gift to further the worthy endeavors of your organization. Although your organization may be described as a “Malta Project” or “Malta Ministry,” those descriptions are intended only to help Association members identify charitable organizations suitable for support as part of their as part of our mission and their obligations as members of the Order of Malta.

If your organization deals with children, as a condition for applying for this grant, you certify that background checks have been completed on all participants including employees and volunteers and that appropriate training of such participants has been conducted.

I certify that all information submitted in this application for funds from the Order of Malta, American Association is accurate.

NAME: _____ **TITLE:** _____

(Please Print or Type)

(Senior Officer of Organization Only)

SIGNATURE: _____ **DATE:** _____

Please print or type the name and address of the person to whom the check should be directed if this grant request is approved.

NAME OF RECEIVER OF DONATION CHECK: _____

TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____