



**Knights of Columbus**  
**Georgia State Council**  
 PO Box 82268, Conyers, GA 30013  
 December 12, 2016



**GEORGIA STATE COUNCIL ANNUAL CHARITIES BENEFIT DRIVE**  
**APPLICATION FOR STATE FUNDING**

Date \_\_\_\_\_

Program Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Director \_\_\_\_\_ Phone \_\_\_\_\_

Council submitting request \_\_\_\_\_

Grand Knight's name \_\_\_\_\_ Grand Knight's phone \_\_\_\_\_

Each application must include:

1. A financial statement for the organization's current fiscal year.
2. The organization's mission statement, including all goals.
3. Synopsis of how the funding will be used.
4. EIN if the organization has paid employees \_\_\_\_\_
5. TIN if the organization is non-profit \_\_\_\_\_
6. Copy of license if required to perform the stated activity of the organization.
7. Send to:

Knights of Columbus Charities of Georgia, Inc.  
 3245 Peachtree Parkway  
 Suite D-265 Suwanee, GA 30024

***"TOGETHER - ALL THINGS ARE POSSIBLE"***