



**Delta Sigma Theta Sorority, Incorporated  
Charlotte Alumnae Chapter  
Charitable Contributions Application  
Application Deadline - January 31, 2018**

**Contact Information:**

Name of Organization requesting funds: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

**Is your organization a qualified 501(c)(3) organization with a valid IRS Tax ID  
or an accredited educational institution? \_\_\_\_\_ YES or \_\_\_\_\_NO**

Tax ID Number: \_\_\_\_\_

**Organization's Mission Statement:**

**Amount of Funding Requested: \$ \_\_\_\_\_**

**Purpose for which funds are requested (Please be specific):**

**Anticipated Outcome of Project: (Please be specific)**

**Plans to Measure and Communicate Project Results:**

**What area is targeted? (Please check all that apply)**

- Economic Development       Physical & Mental Health  
 Other (Please specify): \_\_\_\_\_

**What age group is served? (Please check all that apply)**

- Pre-K       College  
 Elementary       Adult  
 Middle School       Elderly  
 High School

**Does your organization target minority populations? If so, what ethnicity is served? (Please specify): \_\_\_\_\_**

**What population is served?**

- Disabled       Mental Health  
 Economically Disadvantaged       Women/Girls  
 Homeless       Other (please specify): \_\_\_\_\_

**List sources and amounts of other funding obtained, pledged or requested for your organization for 2018.**

**Please provide any other relevant information not previously included in this application that you deem important to this request.**

\_\_\_\_\_  
Signature of authorized authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of authorized authority

\_\_\_\_\_  
Organization Name