



**Delta Sigma Theta Sorority Incorporated
Charlotte Alumnae Chapter
Charitable Contributions Application
Application Deadline is February 10, 2017**

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 (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)

Political Awareness and Involvement 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 2017.

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