

Honorable Order of Kentucky Colonels

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2009 Good Works Program Application

INSTRUCTIONS: Complete, print, notarize and return this form and necessary attachments to the address above no later than 4 PM, April 10, 2009. If returned by mail postmark must be no later than April 10, 2009.

If you are a single purpose foundation, data on this application must reflect the organization you support.

GUIDELINES: Guidelines are included with this application form. Please review them carefully before proceeding. Answer ALL questions. **THE APPLICATION WILL NOT BE PROCESSED IF SPACES ARE LEFT BLANK.**

| | | | |
|--|----------------------|---------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Amount Requested | Application No. | Date | Federal ID No. |
| <input type="text"/> | | <input type="text"/> | |
| Official Name of Organization | | Affiliated With (if applicable) | |
| <input type="text"/> | | <input type="text"/> | |
| Mailing Address | | Street Address (If different) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City/State | Zip | County | Phone No. |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Person to contact regarding this application | | Email address | Phone No. |

State the organization's purpose, services rendered, geographic area served & date established. **DO NOT REFER TO ATTACHMENTS 215 words**

1) **By priority**, (please number) list specific items covered in the request and the cost of each item. **92 words**

2) Detail how the amount requested will be used and how it will further your charitable purposes. **92 words**

3) Will the amount requested totally fund the project(s)? YES NO If No, what is the additional amount needed and how will the be secured? **46 words**

4) When will the funds requested be expended? **NOTE: Funds may NOT be spent or committed prior to receipt of written authorization from the Honorable Order.**

5) What efforts were made to determine the listed costs are fair and reasonable? (Attach available documentation) **46 words**

6) How many persons were directly helped by the organization during 2008?

7) Are the organization's services limited to a specific group of recipients? YES NO If Yes, explain. **46 words**

8) What fees or charges are made for services? **46 words**

9) Will the grant be used in an unrelated trade or business? YES NO (If Yes, attach explanation)

10) Did the organization request a grant from the Honorable Order in any of the following years:

2008 2007 2006 2005 2004

11) If the organization received a grant from the Honorable Order in any of the following years, list amount received.

2008 2007 2006 2005 2004

12) Is the organization in full compliance with all state and federal fundraising laws? YES NO

13) Does the organization directly or indirectly:

a) Participate in local, state or national political campaigns or issues? YES NO

b) Attempt to influence local, state or national legislation? YES NO

c) Prepare or distribute in whole or in part, directly or indirectly, any propoganda? YES NO

If Yes is checked on any of the above, attach a detailed explanation.

14) Does the organization employ or subscribe to the services of a professional fund raiser or maintain a single purpose foundation? YES NO If Yes, attach a detailed explanation including fees paid for this application. If applicable, costs incurred in the operation of a single purpose foundation must be detailed.

15) Do members of the organization's board receive compensation? Yes No (If yes, attach explanation)

16) Does the organization receive or does it have agreements to provide or receive goods, property or services to or from any officer, trustee/director, substantial contributor or founder of the organization for which monies or other compensation would be exchanged? YES NO (If Yes, attach explanation)

17) List the elected officers of the organization:

| | | | |
|----------------------|----------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name | Position (ie: Board Chair) | Employed By | Job Title |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name | Position | Employed By | Job Title |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name | Position | Employed By | Job Title |

18) Number of Employees Below, list the organization's top two salaried positions:

| Name | Position | Yrs. Employed | Total Annual Compensation |
|----------------------|----------------------|----------------------|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

19) The following data should conform to the most recent IRS 990 filing: Fiscal year ending:

| Revenues | | Expenses | |
|------------------------------------|----------------------|----------------------|----------------------|
| Total Government Aid Contributions | <input type="text"/> | Program Services | <input type="text"/> |
| Non Government Grants | <input type="text"/> | Administrative | <input type="text"/> |
| Fees for Services | <input type="text"/> | Gifts/Grants Made | <input type="text"/> |
| Investment Income | <input type="text"/> | Fund Raising | <input type="text"/> |
| Unrelated Business Inc. | <input type="text"/> | Investment Expense | <input type="text"/> |
| All Other Income | <input type="text"/> | Non-charitable Exp. | <input type="text"/> |
| TOTAL INCOME | <input type="text"/> | All Other Expense | <input type="text"/> |
| | | TOTAL EXPENSE | <input type="text"/> |

| Assets | Begin Date | End Date | Change |
|-----------------------------|----------------------|----------------------|----------------------|
| Cash & Equivalent | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Pledges/Grants Receivable | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Receivables | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Inventories for sale or use | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Investments/Securities | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Investments/Other | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Fixed Assets | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| TOTAL ASSETS | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Liabilities | Begin Date | End Date | Change |
|--------------------------|----------------------|----------------------|----------------------|
| Accounts Payable | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Grants Payable | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Deferred Revenue | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Loans and Notes | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Tax-Exempt Bond Liab. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| TOTAL LIABILITIES | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NET ASSETS | <input type="text"/> | <input type="text"/> | <input type="text"/> |

I declare this Application for Grant from The Honorable Order of Kentucky Colonels (including any accompanying material) is from an organization recognized as tax exempt under Section 501 (c) (3) or as a non-private foundation under Section 509 of the Internal Revenue Code ([IRS determination letter is attached](#)). This document has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete application and falls within the Guidelines as provided by the Honorable Order. I am duly authorized to make these representations on behalf of the applicant.

Signature

Name (Please Type or Print) Title

Sworn to and subscribed before me this _____ day of _____

Signature My commission expires: