

Council Mental Retardation Disbursement Fund Request Form

Use separate form for each program

Date _____

1. New Program() Existing Program ()

2. Name of Facility _____

a. Address of Facility _____

b. City _____

c. Not for profit yes () no ()

d. Is Federal Tax Exempt Letter Attached Yes () No ()

e. If Church Facility...listed in _____

3. Ownership of Facility

a. Public (), State (), County (), City (), other (explain) _____

b. Private (), Church (), ARC (), Other (explain) _____

4. Operation of Program

a. Number of Persons receiving service _____

b. Geographic area served _____

5. Is Program restricted to any group:

a. Religious yes(), no() b. Economic yes(), no() c. Race yes(), no()

6. Are fees charged for the Program? yes(), no (). If yes, how are they determined?

7. Amount requested \$ _____, Explain how it will be used: _____

8. Amount of Federal Matching Funds appropriated for Project: \$ _____

Council # _____ Address _____

Grand Knight _____ M.R. Treasurer _____

Mail to: Jim Farris, MR Chairman DO NOT USE THIS LINE; Approved Yes() No()
4235 Chelsea Cir.

Horn Lake, MS 38637-8762 Check # _____ Date Mailed _____