

Grant Request Approval

If you are seeking funds for an individual, family, or others who are not a charity that is called a “grant”, and this form must be filled out and approved by the TCN Grants Committee **BEFORE** funds may be sent. An example of a Grant would be a payment to a person in a disaster or distress situation, to a handicapped person, or to a person belonging to a charitable class listed below.

If the Trust Counselors Network, Inc. approves this request, approval will take into account the charitable class to which the individual belongs, and other pertinent facts concerning the situation.

1. Date:

2. Name, Address and phone number of the Proposed Individual or Persons(s) to Receive Grant:

3. Charitable Class to which individual belongs: (i.e.: indigent, elderly, handicapped or disadvantaged, medically needy, retired employees of chartable institutions or government persons whose civil rights have been violated, etc.)

4. Detailed Description of Situation. Please fill in below or attach a separate sheet of paper that describes the situation surrounding the individual. If appropriate please include a medical report signed by a knowledgeable physician.

5. Physician Verification. If a physician signed this or an attachment, please print that physician's name and contact information.

Name

Address, City, State, Zip

Phone

Fax

Email

6. Financial Details of Proposed Grant Recipient: In the lines below (attach additional sheets as necessary) please provide detailed evidence of the financial need or hardship of the proposed grant recipient. If the grant recipient is a minor child, please provide details of the financial need or hardship of the child's parent(s).

a). Income and description of current employment:

b). List all assets individually:

c). List individually all liabilities including mortgages, credit card debt, unpaid bills, etc.:

7. Likely Duration of Expenditures: If this will be a continuing need until cure or death, print "continuing". If this is a single gift, please print "one time grant".

8. Approximate Total Amount of Funds Needed: \$

9. Age of the Proposed Grant Recipient:

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Agreement and Understanding: I understand and agree that the discretion and control of funds donated to this activity are entirely under the authority of the Trust Counselors Network, Inc.. The above request is a suggestion and not a mandate.

Print Name

Signature

Address, City, State, Zip

Phone

Fax

Email

TCN Grant Committee: There must be three signature on this form;

We, the undersigned, have reviewed this grant request and hereby give our approval or disapproval:

Approved

Disapproved

Signature of Reviewer at TCN

Date

Approved

Disapproved

Signature of Reviewer at TCN

Date

Approved

Disapproved

Signature of Reviewer at TCN

Date