

GIFTS AND GRANTS REQUEST

NAME OF ORGANIZATION		IS THIS A 501(C)(3) ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
ORGANIZATION ADDRESS	DATE ORGANIZATION FOUNDED	IF NO, OTHER IRS DESIGNATION
	ORGANIZATION PHONE	IRS EXEMPTION NUMBER
CONTACT PERSON WITH ORGANIZATION	IS THIS A UNITED WAY AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF REQUEST

SECTION A – IDENTIFICATION AND FINANCIAL INFORMATION

1	HOW MUCH MONEY ARE YOU REQUESTING?	HOW SHOULD CHECK BE MADE PAYABLE?
2	IS THIS REQUEST COMBINED WITH OTHER AGENCIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE LIST OTHER AGENCIES.
3	DURING WHAT PERIOD OF TIME WILL THE MONEY BE USED?	
4	WITHIN WHAT GEOGRAPHIC AREA(S) DOES YOUR ORGANIZATION OPERATE, AND WHAT GEOGRAPHIC AREA(S) WILL BE SERVED BY THIS GRANT?	
5	WHAT PUBLICITY WILL BE INVOLVED? (A B&W Y-12 LOGO WILL BE PROVIDED UPON REQUEST.)	

FINANCIAL INFORMATION	OPERATING YEAR
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REVENUE	LIST MAJOR SOURCES OF REVENUE AND PERCENTAGE EACH SOURCE CONTRIBUTES TO TOTAL BUDGET.
EXPENSES	LIST MAJOR PROGRAMS AND PERCENTAGE OF BUDGET SPENT FOR EACH.

EXPENSES	WHAT PERCENTAGE OF ORGANIZATION'S BUDGET IS USED FOR ADMINISTRATIVE EXPENSES?
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PLEASE ATTACH A COPY OF YOUR MOST RECENT COMPREHENSIVE FINANCIAL STATEMENT.

SECTION B - DESCRIPTION

PROVIDE IN THE SPACE BELOW A ONE-PAGE DESCRIPTION OF HOW THIS MONEY WILL BE USED AND ITS BENEFIT TO THE COMMUNITY.

SECTION C – ADMINISTRATION

IN THE SPACE BELOW BRIEFLY DESCRIBE HOW YOUR ORGANIZATION IS ADMINISTERED. ATTACH A COPY OF YOUR ORGANIZATION CHART IDENTIFYING WHICH ARE SALARIED POSITIONS AND WHICH ARE VOLUNTEER. IF THIS IS A COMBINED REQUEST, INDICATE WHO WILL ADMINISTER THE PROJECT AND HOW THE MONEY WILL BE ADMINISTERED.

SUBMIT COMPLETED FORMS TO:
PUBLIC AND GOVERNMENTAL AFFAIRS OFFICE
B&W Y-12, LLC
P. O. BOX 2009
OAK RIDGE, TN 37831-8245
(865) 574-1640