



# Grant Approval Form for Individual

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To qualify for a grant, this form needs to be submitted along with a copy of the most recent tax records. If this grant is related to medically needy individual, a letter from the doctor in charge of the patient's care is required to present physician verification.

This form should be completed by the grantee and submitted through your program to United Charitable for approval by the United Charitable Grants Committee **BEFORE** funds can 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.

United Charitable prefers to pay taxable income for *bona fide* charitable activity. A grant should only be used if there is no possibility that the proposed grantee can perform valuable charitable activity and receive the proposed grant amount as taxable income.

A donor's contribution mandated for a specific needy individual will not be deductible. However, if this form is approved by United Charitable, approval will take into account the charitable class to which the individual belongs, and other pertinent facts concerning the situation. Then, all donor contributions nominated or suggested for the specific individual may be deductible as long as discretion and control remain with United Charitable.

**Please note:** We do not permit any relatives of a child under age 18 to give grants to that child. We do not permit grants to be made to a relative of the Program Manager. We do not permit grants to be made to an employee by his employer. If the grant is to a child under 18, then the family's head of household's information should be used.

**Grantee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grantee Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Charitable Class to which individual belongs:** For example: indigent, children, elderly, handicapped or disadvantaged, medically needy, retired employees of charitable institutions or government persons whose civil rights have been violated, etc.

\_\_\_\_\_  
\_\_\_\_\_  
**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, or a copy of their tax return to verify financial situation.

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Financial Details of the Proposed Grant Recipient:** The grantee's income level **MUST** be equal to or below 250% on this year's Poverty Guideline Report. In the lines below (attach additional sheets as necessary) please provide detailed evidence of the financial need or hardship of the proposed grant recipient with the applicant's most recent tax filings or the past 3 months pay stubs. If the grant recipient is a minor child, please provide details of the financial need or hardship of the child's parent(s).

1) Income and description of current employment:

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2) List all assets individually:

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

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**Likely Duration of Expenditures:** If this will be a continuing need until cure or death, please print "continuing."

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**Approximate Total \$ of Funds Needed:**

**Age of the Proposed Grantee:**

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**Relationship of the proposed grant recipient to the program or donors:** Indicate here if there are any blood, marriage, adoption or employment ties between the program or donor and the proposed grantee.

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**Grant Applicant Use Only:**

I attest that the information above and documents provided are a true representation of my current situation.

**Grantee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Manager Use Only:**

**Agreement and Understanding:** I, the Program Manager, understand and agree that the discretion and control of funds donated to this activity are entirely under the authority of United Charitable. The above request is a suggestion and not a mandate.

**Program Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>OFFICE USE ONLY:</b></p> <p>We the undersigned have reviewed this grant request and hereby give our approval or disapproval.</p> <p>Signature: _____ Date: ___/___/___ Approved Disapproved * Signature: _____ Date: ___/___/___ Approved Disapproved</p>
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