



# Application for Grant Funding

Return completed form to the Wal-Mart Store or Sam's Club where you obtained this application.

**Location Use Only:**

Please Select Grant Program:

Grant Type:  Matching Grant  Community Grant

Location #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Type: WM / SAM'S / DC / TO / Other \_\_\_\_\_

Today's Date: \_\_\_ / \_\_\_ / \_\_\_ Date of Event: \_\_\_ / \_\_\_ / \_\_\_ Fundraiser Location:  On Site  Off Site Amount Requested: \$ \_\_\_\_\_

How many associates will / did participate in the event? \_\_\_\_\_ (not required if held on site) Has the event been placed on the calendar? Y/N \_\_\_\_\_

Specifically, what is the fundraiser? (matching grants only) \_\_\_\_\_

Managers Name (signed and printed): \_\_\_\_\_ / \_\_\_\_\_

Community Involvement Associate: \_\_\_\_\_ / \_\_\_\_\_

*This application and a receipt letter (matching grants only) must be completed and ON FILE at your location for ALL grants*

**To be Completed by the Organization:**

Select one: IRS designated  501c3 organization OR:  501c4  501c6  501c19 organization\*

\* Must provide a valid Federal Tax ID / EIN #. Number will be validated using the IRS publicly available database

OR:  Faith Based Organization \*\*  Public School  Federal, State or Local Government Agency

\*\*Faith Based Organizations must be conducting projects that benefit the community as a whole. Grants cannot solely or primarily benefit, directly or indirectly, their adherents or members

Organization Name: \_\_\_\_\_ Federal 501c3, c4, c6 or c19 Tax ID (EIN) #: (9 digits) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

What service does your organization provide to the community? \_\_\_\_\_

Specifically, how will funds from this grant be utilized in your local community? \_\_\_\_\_

Which of the following groups will this funding primarily benefit? This information is used solely to track our funding to specific diverse community groups and is NOT considered during the grant review or approval process. **Please select only the most appropriate:**

- Hispanic  African American  Asian American  Native American  General Population (benefits the entire community)

Will these grant funds directly benefit your LOCAL community?  Yes  No

**Organization Representative:** By signing below I acknowledge that this form represents a request for funding, and is not a guarantee of funding. Final approval is subject to the guidelines of the Wal-Mart Foundation. All organizations holding fundraisers at any Wal-Mart Stores, Inc. location, or requesting grant funding, must abide by the rules and guidelines set forth by the location, Wal-Mart Stores, Inc., and the Wal-Mart Foundation. This request will not be processed unless signed by all parties.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_