**COMMUNITY FOUNDATION OF NORTHERN ILLINOIS**

COMMUNITY GRANTS - APPLICATION QUESTIONS – FALL 2019

This document contains all the questions from CFNIL’s Fall 2019 Community Grants Application. All applications must be submitted online at: <http://cfnil.spectrumportal.net/>. CFNIL makes this Word document available so applicants can work on their proposals when they do not have internet access, or if they wish to compose and edit answers in Word and copy and paste into the online portal. No paper copies of the application will be accepted.

Certain questions may or may not apply depending on the type of proposal and the amount requested. When completing the online application, these contingent questions will appear or disappear automatically based on answers to questions in the Summary tab. Within this document we have indicated contingent questions with underlined qualifying text. If your proposal does not fit the qualifying text, you do not have to answer that question.

**TAB 1: QUICK TIPS**

* Please look at the “help” available for each field on the online application by clicking on the blue question mark. This will give you clarification and examples related to the question, file format requirements, and file size limits.
* If you are having difficulty uploading a document, many times this is due to the file format or file size. For help with this, visit our Working with PDFs webpage: https://cfnil.org/grants/working-with-pdfs
* Save Often! Always save before clicking a link. To access a saved application, go to the “Grant Applicant” menu and select “My Saved Applications”.
* For application guidelines, instructions, deadlines and grant program information visit [www.cfnil.org/grants](http://www.cfnil.org/grants).
* CFNIL will not accept proposals submitted after the deadline. For the Fall 2019 cycle, the deadline is September 23, 2019, at 5:00 p.m.“\*” indicates the field is required.
* Highlighted text indicates a question or option that is new to the 2019 application.

Do you have any grants currently being funded by CFNIL for which a final report hasn’t been submitted?\*: YES/NO   
(for more information, visit <https://cfnil.org/grants/interim-and-final-reports>)

Yes/Current Project – An interim report must be submitted for any in-progress grants from CFNIL’s Community Grants Program. You can submit your interim report here. (PDF format required; 5 MP maximum file size. For more information, visit <https://cfnil.org/grants/interim-and-final-reports>)

**TAB 2: SUMMARY**

1. Grant Cycle\*: [Default Answer] Fall 2019
2. Organization Name\*:
3. Organization Name Abbreviation (If applicable):
4. Organization Mission/Goal Statement (1000 character limit) \*:
5. To which grant program are you applying? \*: [Default Answer] Community Grants Program
6. This proposal is for a/an (choose one) \*: [Refer to the Community Grant Guidelines (found at <https://cfnil.org/community>) for definitions of each proposal type]
   1. Program
   2. Project
   3. Event
   4. Capital/Commodity
7. Program/Project/Event Proposal Type – Is this request for more than $30,000? (Choose one) \*:
   1. Yes
   2. No
8. Please indicate your proposal’s area of focus (Choose one) \*: [Refer to the Community Grant Guidelines (found at <https://cfnil.org/community>) for definitions of each focus area.]
   1. Arts & Humanities
   2. Career Pathways
   3. Complementary Education
   4. Education
   5. Health
   6. Human Services
   7. Other
   8. Sustainable Development
   9. Youth & Families
9. Proposal Title (45 character limit) \*:
10. Brief Proposal Summary -- In no more than two sentences, explain how the funds will be used and what will improve because of the charitable activity. Be as precise and economical as possible in your answer, it will be used for reports and other communication pieces (1000 character limit) \*:
11. Program/Project/Event Proposal Type -- Is this request for a multi-year grant? (Multi-year requests are restricted to charitable activities that align with Education Works, medical research, or medical education.) \*:
    1. If YES, proceed to question 12
    2. If NO, complete questions 17 and 20 in this Tab
12. Are you requesting funding for two or three years? (Choose one) \*:
    1. Two Years (Complete questions 13, 14, 16, )
    2. Three Years (Complete remaining questions in this section)
13. What is the amount requested for the first year (or only year) of the proposal? \*:
14. What is the amount requested for the second year? \*:
15. What is the amount requested for the third year? \*:
16. What is the **total** amount requested from CFNIL in this proposal? (This will be the same as #13 unless you are applying for multi-year funding.) \*:
17. What is the total cost for the first year (or only year) of this charitable activity? (Include those components that will not be funded by CFNIL) \*:
18. What is the total cost for the second year of this charitable activity? (Include those components that will not be funded by CFNIL) \*:
19. What is the total cost for the third year of this charitable activity? (Include those components that will not be funded by CFNIL) \*:
20. What is the total cost for all funded years of this charitable activity? (Include those components that will not be funded by CFNIL. This will be the same as the first year if this is not a multi-year request.) \*:

**TAB 3: COMMUNITY NEED**

1. What community need or opportunity does your proposal address? (2000 character limit) \*:
2. Request more than $30,000 -- How does your proposal align with the criteria of the focus area you selected? (2000 character limit) \*:
3. Total number of unduplicated people this proposal will serve (This includes any client who will receive services for the project. If this is a multi-year request, enter the number of people served during the first year.) \*:
4. Describe the target population your proposed activity will serve (1000 character limit) \*:
5. Program/Project/Event Proposal Type -- How many people will be served by each component of this proposed activity? (Example 1: 75 fifth-grade students at ABC school will participate in one-hour reading discussion groups. 25 fifth-grade students at ABC School will receive one-on-one tutoring. Example 2: 25 youth cast members will perform. 200 audience members will enjoy the performance.) (2,000 character limit) \*:
6. Multi-Year Request – Total number of unduplicated people this proposal will serve in Year Two. (This includes any client who will receive services for the project in Year Two.) \*:
7. Three-Year Request -- Total number of unduplicated people this proposal will serve in Year Three. (This includes any client who will receive services for the project in Year Three.) \*:

**DEMOGRAPHIC INFORMATION:** *For each category below, enter the approximate number of individual clients served during the first year of your proposed charitable activity. These numbers are specific to this request, not your organization’s overall numbers served unless the charitable activity impacts all your clients.* ***Enter the number, not the percent.*** *Each section total must equal “Total number of unduplicated people” stated above. Do not use percentages. If the project demographic data does not exactly match the categories listed, please use your best estimate to divide the data into matching categories. Enter 0 if none.*

1. Residents of these counties:
   1. Boone\*:
   2. Ogle\*:
   3. Stephenson\*:
   4. Winnebago\*:
   5. Other\*:
   6. Unknown\*:
2. Race/Ethnicity:
   1. American Indian or Alaska Native\*:
   2. Asian\*:
   3. Black or African American\*:
   4. Hispanic or Latino\*:
   5. Native Hawaiian or Other Pacific Islander\*:
   6. Other\*:
   7. White\*:
   8. Two or More Races\*:
   9. Unknown\*:
3. Ages:
   1. Children (0 to 11) \*:
   2. Youth (12 to 18) \*:
   3. Adults (19 to 64) \*:
   4. Seniors (65 and up) \*:
   5. Unknown\*:
4. Genders:
5. Male\*:
6. Female\*:
7. Other\*:
8. Unknown\*:
9. Multi-Year Request: Do you anticipate significant changes in your demographics in future years?
   1. Yes
      1. No
10. Please explain (2,000 character limit)\*:

**TAB 4: PROPOSAL PLAN**

1. When are CFNIL funds needed? (Please provide a target date. Funds will not be available until after January 1, 2020. CFNIL does not fund charitable activities retroactively.) \*:
2. When will CFNIL funds be expended? (Please provide a target date.) \*:

1. In detail, describe the major activities that make up this proposal. Include information such as frequency, location, duration, and sequence of these activities that will successfully address the community need. (5000 character limit) \*:
2. List names, job titles, and roles of staff/volunteers responsible for achieving proposal’s goals. (2000 characters) \*:
3. Program/Project/Event Proposal Type -- Does this proposal provide direct services to clients? (E.g., tutoring, counseling, case management, etc.) \*:
   1. If NO, go to question 6.
   2. If YES, Describe your organization’s outreach or recruitment efforts for this new activity. (2,000 characters) \*:
   3. If YES, What is the average number of direct service hours provided to each client? (If multiple people are providing service, multiply by number of people providing service.) \*:
   4. If YES, What is the total number of direct service hours provided to clients? (Average number multiplied by number of clients.) \*:
4. Request More Than $30,000 -- Total number of staff hours that your organization will invest in this charitable activity \*:
5. Request More Than $30,000 -- How did you calculate this number? (Example: 2 hours per day x 4 days per week x 52 weeks) \*:
6. Request More Than $30,000 -- Total number of volunteer hours provided to this activity \*:
7. Request More Than $30,000 -- How did you calculate this number? (Example: 2 hours per day x 4 days per week x 52 weeks) \*:
8. Will this grant assist your organization in seeking or securing other funding sources?
   1. If NO, go to question 11.
   2. If YES, how much and from whom? (2000 character limit) \*:
9. Request More Than $30,000 -- How does this proposal align with your organization’s mission and current activities? (5000 character limit) \*:
10. Event Proposal Type – Is this a performance-based event? \*:
    1. If NO, proceed to number 14.
    2. If YES, proceed to number 13.
11. Please provide the total of anticipated audience members for this event \*:
12. Program Proposal Type -- Describe your plan to sustain this program beyond the timeline of the proposal (2000 character limit) \*:
13. Provide any external reports that support your proposal. (If you have more than two documents, consolidate them into two documents. PDF file format required. 5 MB maximum file size per upload. New to working with PDFs? We’ve provided guidelines on our website: <http://cfnil.org/working-with-pdfs>) :
14. Provide any external links to websites or media files that support your proposal:
15. Do you have any photos to attached that support your proposal? \*:
    1. If NO, proceed to question 20.
    2. If YES, proceed to question 18.
16. You may upload up to five photos in PNG or JPG format. 5 MB maximum file size per upload.
    1. [Upload Photo 1]
    2. [Upload Photo 2]
    3. [Upload Photo 3]
    4. [Upload Photo 4]
    5. [Upload Photo 5]
17. Please use this space to provide captions, including the names of the individuals in the photographs (if appropriate), the photographer’s name, and a description of what is going on in each photo:
18. Use this space to clarify any part of the project that you feel needs further explanation. (2,000 character limit):

**COLLABORATION:** When appropriate, CFNIL promotes collaborative efforts between non-profits, businesses, institutions, and other entities. Collaboration creates efficiency and reduces duplication of services. CFNIL uses the Collective Impact model to assess collaboration, which you can read about here: <http://www.ssireview.org/blog/entry/embracing_emergence_how_collective_impact_addresses_complexity>]

1. Is this proposal a collaborative effort or part of a collaborative effort?
   1. If NO, skip to question 22.
   2. If Yes, answer the following questions:
      1. List each organization included in the collaboration. Include a detailed description of the role(s) each organization will play and the resources (funds, equipment, personnel, facilities, etc.) each will contribute for the project. Identify the lead organization and provide a contact with phone number for each partner. (4000 character limit) \*:
      2. What role will each organization play in collecting and measuring data for evaluation? This answer should be consistent with your responses in the “Measuring Results” tab. (2000 character limit) \*:
      3. How will you share data and best practices within the collaboration? (2000 character limit) \*:
      4. How and when will the collaboration report to the public? (4000 character limit) \*:
      5. Is this request for more than $30,000, OR for a multi-year grant? (Answer “Yes” if your request is more than $30,000 or for multiple years. Answer “No” if your request is for a single year and $30,000 or less.)
         1. If NO, proceed to question 22.
         2. If YES, please upload a letter of support from each of your partner organizations in the project. If more than one letter is being submitted, combine all the letters and upload as one document. PDF format required. 5 MB maximum file size. New to working with PDFs? We’ve provided guidelines on our website: <http://cfnil.org/working-with-pdfs>) \*:
2. For the proposed activity described in this request, are you providing services primarily to K-12 students? \*:
   1. If NO, proceed to the next Tab.
   2. If YES, Are you part of or partnering with a local school district to provide these services? \*:
      1. If NO: Please explain why a partnership with the school district(s) in your service area is undesirable. (500 character limit) \*:
      2. If YES: Since you are part of or partnering with a school district, you are required to upload a School Pre-Authorization form. You can download the form at <http://cfnil.org/grants/pre-authorization-form/>. Upload School Pre-Authorization form here (PDF format required; 5 MB maximum file size) \*:

**TAB 5: PROPOSAL BUDGET**

***Use this link*** [***http://cfnil.org/grants/budget/***](http://cfnil.org/grants/budget/) ***to download the Proposal Budget Format, see a sample budget narrative, and read additional instructions for your proposal budget.***

1. Upload your proposal budget. Your proposal budget must use CFNIL’s Proposal Budget format \*:
2. Budget Narrative: Explain how each expense relates to the proposal's goals \*:
3. Do you have non-staffing, single item expenses exceeding $5,000?
   1. If NO, skip to Tab 6: Measuring Results.
   2. If YES, Please submit two quotes for each expense that exceeds $5,000. **If obtaining two quotes is impossible or impractical, please explain why in the Budget Narrative**. (Consolidate all quotes into one document to upload. PDF format required; 5 MB maximum file size. New to working with PDFs? We’ve provided guidelines on our website: <http://cfnil.org/working-with-pdfs>) \*:

**TAB 6: MEASURING RESULTS**

To learn more about Measuring Results, including completed examples of the Measuring Results section, visit [www.cfnil.org/grants/measuring-results](http://www.cfnil.org/grants/measuring-results). For a single year request, all results should reflect expectations with the funding period, typically one year. For multi-year requests, each result statement component should include each proposed year of the charitable activity. Some charitable activities may repeat the same statements each year. Others will change each year. See examples at https://cfnil.org/grants/measuring-results

1. Program/Project/Event Proposal Type – I have reviewed the Measuring Results section of CFNIL’s website (must check box on online application to proceed) \*:
2. Capital/Commodity Proposal Type – How will this purchase/improvement positively impact the way you serve your clients? (4000 character limit) \*:
3. Capital/Commodity Proposal Type – What are your criteria for success? How will you demonstrate successful completion of this project? (4000 character limit) \*:
4. Program/Project Proposal Type – Program Rationale (Briefly explain how the activities described in this proposal will lead to the outcomes listed below. Do not include your rationale within your Result Statements. 2000 character limit) \*:
5. Program/Project/Event Proposal Type – Result #1 (The change or improvement that a charitable activity is intended to produce.) \*:
6. Program/Project/Event Proposal Type – Indicators of Success #1(The data collected to show evidence of change because of the proposed activity. This may include outputs and outcomes. Outputs may be used in an instance when measuring outcomes during the 12-month funding period would be impractical.) \*:
7. Program/Project/Event Proposal Type – Targets **#**1(This does not refer to your target population. It is a number or percentage of the Indicators of Success that defines your desired achievement.) \*:
8. Program/Project/Event Proposal Type – Methods for Measurement #1 (How you will collect the data that shows evidence of change.) \*:
9. Program/Project/Event Proposal Type – Benchmarks #1 (A point of reference against which your results will be compared.) :
10. Request More than $30,000 – What are your anticipated long-term results for this charitable activity? (Long-term results would likely be achieved beyond the funding period) \*:
11. Project/Program Proposal Type -- Is the activity described in this proposal an Existing or New activity for your organization? \*:
    1. New (Proceed to question 28)
    2. Existing
       1. How long has this activity been in operation? (Expressed numerically in years.) \*:
       2. How many people have you served over the lifetime of this charitable activity? \*:
       3. What have been the results of this charitable activity to date? (2,000 character limit) \*:
       4. Do you have any testimonials from past participants in this charitable activity that you feel support this request? \*:
          1. If NO, proceed to question 28.
          2. If YES, upload testimonials here \*:
             1. Upload testimonial 1 (PDF format required. 5 MB maximum file size)
             2. Upload testimonial 2 (PDF format required. 5 MB maximum file size)
12. Please add any additional information you would like us to consider here. (2000 character limit):

**TAB 7: ORGANIZATIONAL CAPACITY**

**ORGANIZATION SUMMARY**

1. Type of organization (Choose one) \*:
   1. 501(c)(3) Non-Profit
   2. Public University/College
   3. Religious Organization
   4. Unit of Government
2. EIN of applying organization (The tax ID of the organization. Do not include dashes.) \*:
3. Please upload a high-quality version of your logo. (JPG or PNG format required. 5 MB maximum file size.)
4. Organization Street Address (This is the address to which CFNIL will send correspondence.) \*:
5. Organization City \*:
6. Organization State \*:

1. Organization Zip Code \*:

1. Organization County (Choose one) \*:
   1. Boone
   2. Ogle
   3. Stephenson
   4. Winnebago
   5. Other
2. Organization Phone Number \*:
3. Organization Website URL:
4. Organization Facebook URL:
5. Organization Twitter URL:
6. **Please upload a list of your organization’s Board of Directors and identify officers. (**PDF format required. 5 MB maximum file size.) \*:

**CONTACT INFORMATION**

**Enter information below regarding the Chief Executive Officer (CEO) of the applying organization. (Official correspondence will be sent to this individual’s attention, including proposal status letters and grant payments.)**

1. **CEO** Prefix \*:
2. **CEO** First Name \*:
3. **CEO** Last Name \*:
4. **CEO** Title \*:
5. **CEO** E-mail \*:
6. **CEO** Direct Business Phone Number \*:
7. **CEO** Phone Extension:

**Enter information below regarding the Primary Contact (PC) for questions regarding this application.**

1. PC Prefix \*:
2. PC First Name \*:
3. PC Last Name \*:
4. PC Title \*:
5. PC Preferred Phone Number \*:
6. PC Phone Extension:
7. PC Email \*:
8. PC Street Address \*:
9. PC City \*:
10. PC State \*:
11. PC Zip Code \*:

**ORANIGAZATION BACKGROUND**

1. In which year was your organization founded? \*:
2. Request More than $30,000 -- Briefly summarize your organization's history (1000 character limit) \*:
3. State your organization's mission statement (1000 character limit) \*:
4. Describe your organization's current programs and activities (2000 character limit) \*:
5. Request More than $30,000 -- Describe your organization's recent accomplishments (2000 character limit) \*:
6. Request More than $30,000 -- List the total number of staff, given in full-time equivalent (FTE) units. (For FTE Calculator, visit <http://www.businessdictionary.com/definition/full-time-equivalent-FTE.html>) \*:
7. Request More than $30,000 -- How does your organization collaborate with other organizations apart from this charitable activity? (2000 character limit) \*:
8. Use this space to clarify anything about your organization that you feel needs further explanation (2000 character limit):

**ORGANIZATION FINANCIAL INFORMATION**

1. Attach your organization’s year-to-date income statement compared to budget. (PDF format required. 5 MB maximum file size.) \*:
2. Is this request for more than $30,000 or for multiple years?
   1. If NO, proceed to Financial Information
   2. If YES, Please include your organization's two most recently completed, audited financial statements.
      1. Upload first financial statement (PDF format required. 5 MB maximum file size.) \*:
      2. Upload second financial statement (PDF format required. 5 MB maximum file size.) \*:

*For the convenience of 501(c)(3) applicants, we have indicated the corresponding field on the 990 and 990-EZ forms in the help text for the questions below. For tax-supported organizations, nonprofit organizations that file the 990-N, or subsidiary or affiliate organizations, provide the equivalent information from your financial statements.*

Date of your most recent 990 or your most recent financial statement \*:

Choose the document from which you are reporting (Choose one) \*:

990

990-N

990-EZ

Your financial statement

If you selected “Your financial statement” YES/NO: Were the statements from which you’re reporting independently audited?

**Balance Sheet**

**Assets**

Cash and Current Assets (990: Total Lines 1 thru 5, Column B, Part X | 990-EZ: Line 22, Part II) \*:

Other Assets (990: Total Lines 6 thru 15, Column B, Part X | 990-EZ: Total of lines 23 & 24, Part II) \*:

Total Assets (990: Line 16, Column B, Part X | 990-EZ: Line 25, Part II) \*:

**Liabilities**

Current Liabilities (990: Total Lines 17 thru 19, Column B, Part X | 990-EZ: N/A as defined on Schedule O- Enter 0) \*:

Other Liabilities (990: Total Lines 20 thru 25, Column B, Part X | 990-EZ: N/A as defined on Schedule O – Enter 0) \*:

Total Liabilities (990: Line 26, Column B, Part X | 990-EZ: Line 26, Part II) \*:

**Total Net Assets**

Total Net Assets (990: Line 33, Column B, Part X | 990-EZ: Line 27, Part II) \*:

Multi-Year Request or Request More than $30,000 -- What percentage of net assets are unrestricted? (Enter only the numeric percentage, do not include a “%”) \*:

**Income Statement**

**Revenue**

Multi-Year Request or Request More than $30,000 -- Contributions, Gifts, and Grants (990: Line 1h, Column A, Part VIII | 990-EZ: Line 1, Part I) \*:

Multi-Year Request or Request More than $30,000 -- Programs Service Revenue (990: Line 2g, Column A, Part VIII | 990-EZ: Line 2, Part I) \*:

Multi-Year Request or Request More than $30,000 -- Other Revenue (990: Total Lines 3, 4, 5, 6d, 7d, 8c, 9c, and 10c - Column A, Part VIII | 990-EZ: Total Lines e, 3, 5c, 6d, 7c, Part I) \*:

Multi-Year Request or Request More than $30,000 -- Miscellaneous Revenue (990: Line 11e, Column A, Part VIII | 990-EZ: Line 8, Part I) \*:

Total Revenue (990: Line 12, Column A, Part VIII | 990-EZ: Line 9, Part I) \*:

**Expenses**

Multi-Year Request or Request More than $30,000 -- Total Program Service Expenses (990: Line 25, Column B, Part IX | 990-EZ: Line 10, Part I) \*:

Multi-Year Request or Request More than $30,000 -- Total Management and General Expenses (990: Line 25, Column C, Part IX | 990-EZ: Total lines 11, 12, 13, 14, 15, 16, Part I) \*:

Multi-Year Request or Request More than $30,000 -- Total Fundraising Expenses (990: Line 25, Column D, Part IX | 990-EZ: N/A – Enter 0) \*:

Total (Functional) Expenses (990: Line 25, Column A, Part IX | 990-EZ: Line 17, Part I) \*:

Please use this space to clarify anything about your organization’s finances (2000 character limit):

Use this field to upload any additional financial documents.

**TAB 8: APPLICANT AGREEMENT**

By clicking below, I agree to the following terms and conditions of the Community Foundation of Northern Illinois (hereafter “FOUNDATION”) on behalf of my organization (hereafter “APPLICANT”). Additionally, I certify that I am authorized to agree to these terms and conditions.

1. To use the funds only for the tax-exempt purpose**1** as described in the grant application and subsequent grant notification letter and not for any other purpose without the FOUNDATION’s prior written approval.

2. To not expend any grant funds for any political or lobbying activity or for any purpose other than one specified in section 170(c)(2)(b) of the Code.

3.  To notify the FOUNDATION immediately of any change in (a) APPLICANT’S legal or tax status, (b) APPLICANT’S executive or key staff responsible for achieving the grant purposes, (c) APPLICANT’S ability to expend the grant for the intended purpose, and (d) any expenditure from this grant for any purpose other than those for which the grant was intended.

 4. To maintain books and records adequate to demonstrate that it maintained the grant funds in a separate fund dedicated to the purpose for which the grant is made, and to maintain records of expenditures adequate to identify the purposes for which, and manner in which, grant funds have been expended.

5. To give the FOUNDATION reasonable access to the APPLICANT’s files and records for the purpose of making such financial audits, verifications, and investigations as it deems necessary concerning the grant, and to maintain such files and records for a period of at least four years after completion or termination of the project.

6.To return to the FOUNDATION any unexpended funds or any portion of the grant that is not used for the purposes specified herein.

7. To allow the FOUNDATION to review and approve the content of any proposed publicity concerning this grant **prior to its release** and to recognize the FOUNDATION in all publicity materials related to the funded project or program, as specified in the Grantee Communication Guidelines, which will be included in the grant notification letter.

8. To allow the FOUNDATION to include information about this grant in the FOUNDATION’s periodic public reports, newsletter, news releases, social media postings, and on the FOUNDATION’s website.  This includes the amount and purpose of the grant, any photographs you have provided, your logo or trademark, and other information and materials about your organization and its activities.

9. To submit a written report summarizing the project promptly following the end of the period during which you are to use all grant funds and to submit any interim reports the FOUNDATION may require.  Your reports should describe your progress in achieving the purposes of the grant and include a detailed accounting of the use and expenditure of grant funds.

10. To not discriminate on the basis of race, color, sex, sexual orientation, religion, age, national/ethnic origin, political beliefs, veteran’s status, disability, or any other factor prohibited by applicable law.

The FOUNDATION reserves the right to discontinue, modify or withhold any payments under this grant award or to require a total or partial refund of any grant funds if, in the FOUNDATION’s sole discretion, such action is necessary: (a) because you have not fully complied with the terms and conditions of this grant; (b) to protect the purpose and objectives of the grant or any other charitable activities of the FOUNDATION; or (c) to comply with the requirements of any law or regulation applicable to you, the FOUNDATION, or this grant.

**1**As defined by the Internal Revenue Service

□ [CHECK BOX TO INDICATE YOU HAVE READ AND AGREE TO THE ABOVE STATED TERMS.]