



Application for Community Grant

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

Location Use Only

Location #: _____ City: _____ ST: _____ Type: WM / Sam's / DC / TO _____

Amount Requested: \$ _____

Managers Name (signed and printed): _____ Date: ____/____/____

Community Involvement Associate: _____ Date: ____/____/____
This application must be completed and kept on file for record retention of three years at your location

To be completed by the Organization:

Select one: IRS designated 501 (c) (3)* organization

OR: Public School Federal, State or Local Government Agency

*Organizations with current tax-exempt status under Section 501(c) (3) of the Internal Revenue Service Code and that are also public charities under Section 509(a)(1) or 509(a)(2). *Organizations must be listed in the most current IRS 50 State Master File at the time of application.

Organization Name: _____

Federal 501 (c) (3) Tax ID #: (9 digits) _____ Public Charity Status: 509(a) (1) 509(a) (2)

Address: _____ City: _____ ST: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

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

What service does your organization provide to the community?

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

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
- Caucasian
- General Population (benefits the entire community)

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 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 completed and signed by all parties.

Signed: _____ Printed: _____ Date: ____/____/____