

H.M. AND PEARL KYLE FOUNDATION, INC.

GRANT APPLICATION

Applicant: _____

Address: _____

Phone: _____

Date of Formation: _____

1. Purposes of Organization or Mission Statement:

2. Operating Budget for last year: _____

3. Names, addresses and telephone numbers of all officers and directors of organization:

Name and Address:

Phone Number:

4. Does your organization have a tax exempt determination letter from the Internal Revenue Service? _____ If so, please attach a copy of the letter to this Grant Application.

5. Grant Proposal Title: _____

6. Amount of Grant Request: _____

7. Project Description:

8. Start Date: _____ Ending Date: _____

9. Proposed Budget for Project:

Signature:

Title:

Date: _____

Please return the completed application with any attachments to the address shown below.
If you have questions, contact Becky Crawford at 843-621-1424.

H.M. and Pearl Kyle Foundation
P. O. Box 6677
Florence, SC 29502

By signing this Grant Application, applicant hereby affirms the accuracy of the information submitted and understands that the Kyle Foundation reserves the right, in its discretion, to request additional or supplemental information from applicant.