

# FANDRAISING REQUEST APPLICATION FORM

Application submission date: \_\_\_\_\_

Please note your application will not be considered until all of the following documents are attached to this Application:

1. Copy of Certificate of Formation or Corporation.
2. Copy of Certificate of Alternate Name Registration , if applicable.
3. Copy of IRS Section 501 ( c )(3) letter.
4. Name, title and contact information of all corporate officers and\or Governing Board members.
5. Copy of IRS Form SS-4
6. Copy of organization brochure .
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Name and Title of person completing this application: \_\_\_\_\_

Full Legal Name of Organization: \_\_\_\_\_

Trade Name or other Name (s): \_\_\_\_\_

Date of formation: \_\_\_\_\_ State of formation : \_\_\_\_\_

Present address: \_\_\_\_\_

\_\_\_\_\_

Organization Tele No: \_\_\_\_\_ Fax: \_\_\_\_\_

Website address: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized contact person's information concerning this application:

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

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

\_\_\_\_\_

Tele No. : \_\_\_\_\_ Fax: \_\_\_\_\_

Website address: \_\_\_\_\_ Email: \_\_\_\_\_

Name and title of the head of your organization's governing body

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Check all that apply to your organization:

- |  |  |
|--|--|
| <input type="checkbox"/> Non –for-Profit             | <input type="checkbox"/> Religious Institution |
| <input type="checkbox"/> IRS Section 501 ( c ) ( 3 ) | <input type="checkbox"/> Masjid\Islamic Center |
| <input type="checkbox"/> Humanitarian Relief Org.    | <input type="checkbox"/> Community Center      |
| <input type="checkbox"/> Civil\Human Right Org.      | <input type="checkbox"/> Legal Defense Fund.   |
| <input type="checkbox"/> _____                       | <input type="checkbox"/> _____                 |

Provide the reason (s) for this present funding raising request

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Detail how you intend to the use the donated funds

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Is your organization or its officers or agent or affiliates now or in the past subject of a criminal investigation regarding your organization activities ? \_\_\_ Yes \_\_\_ No

If yes provide details as to the nature of investigation and present status of it .

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List the name (s) any and all affiliation(s) with any other domestic or foreign Organization(s) foreign:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Has your organization or its affiliates now or in the past been barred or blacklisted or had its Charitable status revoked or suspended by any governmental authority whether U.S or foreign? \_\_\_\_ Yes \_\_\_\_ No

If yes provide the following information:

Date of revocation: \_\_\_\_\_

Revoking Authority: \_\_\_\_\_

Reason for revocation: \_\_\_\_\_

Present Status: \_\_\_\_\_

Has your organization or its affiliates or its agents now or in the past been charged and \or convicted by any governmental authority wither U.S or foreign? \_\_\_\_ Yes \_\_\_\_ No

If yes provide the following information:

Date of conviction: \_\_\_\_\_ Convicting Authority: \_\_\_\_\_

Conviction Charges: \_\_\_\_\_ Present Status of Case: \_\_\_\_\_

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I, \_\_\_\_\_ of full age and being sworn make the following statements:

- I. I have been duly authorized by the organization on whose behalf this application is being made to complete the application .
- II. We have the legal authority to distribute funds.
- III. We will not use the funds donated for any unIslamic, illegal, immoral or unlawful purpose.
- IV. We will not deviate from using the funds for the purposes stated in this application.
- V. We agree to permit ICJC withhold 20% of the funds donated or collected for its own use.

Applicant:

Witness:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature) \_\_\_\_\_

(signature) \_\_\_\_\_

(Print Name) \_\_\_\_\_

(Print Name) \_\_\_\_\_

===== DO NOT COMPLETE BELOW THIS LINE =====

===== OFFICIAL USE ONLY =====

Application Action Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Fund Raising Date \_\_\_\_\_ and Time \_\_\_\_\_

Date \_\_\_\_\_