

(a non-profit corporation operated by the South Carolina Knights of Columbus) "Helping Other People Everyday"

Date: _____

GRANT SUMMARY REQUEST

ORGANIZATION:	
ADDRESS:	
CEO/DIRECTOR:	PHONE:
EMAIL ADDRESS:	
CONTACT:	PHONE:

(Individual who can answer questions about this request)

PURPOSE OF THE GRANT (summarize in 30 to 50 words):

Total Clients Served:

Total with Intellectual Disabilities:

Are facilities/services open to all regardless of race, religion or ethnic background?

Yes:_____ No:_____

SIGNATURE OF REQUESTOR:_____

CHF Form 104-7 (12/19/2021)

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