

**THE ADIRONDACK TRUST COMPANY COMMUNITY FUND
GRANT RECOMMENDATION -- CHARITY PROFILE**

1. Organization Name: _____
2. Organization Employee ID Number (EIN): _____
3. Street Address: _____
4. City: _____ State: _____ Zip Code: _____
5. Phone: _____ Fax: _____
6. Contact Person's Name: _____
7. Contact Person's Title: _____
8. Contact Person's Email Address: _____
9. Check up to three applicable categories that best describe your organization:

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Religious
<input type="checkbox"/> Civil Rights	<input type="checkbox"/> Schools/Colleges
<input type="checkbox"/> Community Foundation	<input type="checkbox"/> Scientific Research
<input type="checkbox"/> Conservation/Environmental	<input type="checkbox"/> Sports/Recreational/Social
<input type="checkbox"/> Cultural/Historical	<input type="checkbox"/> Youth
<input type="checkbox"/> Health Services	<input type="checkbox"/> Other _____
<input type="checkbox"/> Housing	_____
<input type="checkbox"/> Inner City/Community	_____

10. Please provide the following information:
 - (a) a summary description of the organization's charitable purposes (e.g., vision and mission);
 - (b) a description of the organization's charitable activities; and
 - (c) a copy of the organization's Internal Revenue Service exempt status determination letter.

11. If the organization is a supporting organization under Internal Revenue Code ("Code") Section 509(a)(3), please provide the following information:
 - (a) a statement that the supporting organization is not controlled, directly or indirectly, by the donor, Fund Advisor or family member of such individuals (as defined in Code Section 4958);
 - (b) information regarding what Type of supporting organization the organization is; and
 - (c) if the organization is a Type III supporting organization, whether it is functionally integrated with its supported organization.

Please note that distributions will not be made to organizations that are Type III supporting organizations that are not functionally integrated with its supported organization.

12. By signing below, the organization certifies the following:

- (a) the distribution will not be used to discharge or satisfy a pre-existing, legally enforceable pledge or obligation of any person, including the donor(s);
- (b) the distribution will not result in the donor(s) or any other individual receiving more than an incidental benefit or privilege in return for such distribution;
- (c) the distribution will not be used to carry on propaganda, or attempt to influence legislation or the outcome of any public election, to carry on, whether directly or indirectly, any voter registration drive, or to undertake any activities for a purpose other than described in the distribution request;
- (d) that the organization meets the criteria for tax-exempt organizations eligible to receive tax-deductible contributions; and
- (e) that the organization will inform [NAME] of any pending or actual changes to the organization's tax-exempt and public charity status.

Note: This document must be signed by two authorized representatives of the organization, at least one of whom must be an officer or director/trustee of the organization.

[NAME OF ORGANIZATION]

Dated: _____

By: _____
Name:
Title:

Dated: _____

By: _____
Name:
Title: