

**The Saint Paul Foundation
Tsunami Relief Fund**

Application for Matching Funds for Donations to Tsunami Relief

Please complete this form, including required signatures and accompanying documents. An incomplete form or missing document(s) will delay the payment of your grant. If you have any questions, please contact Anne Pierre at 651-325-4229.

Name of Organization		
Executive Director		
Contact Person for this grant other than Executive Director		
Address		
City	State	Zip
Phone	E-Mail	
Amount Requested	The amount requested here must equal the total amount of donations listed in the corroborating document.	

The following corroborating document must be attached:

A list of contributions received by your organization that includes: each donor's name, the amount each donor gave, the date of each donation, and the form of each donation (cash, check, etc.)

Other Requirements

All of the following must accompany the first request from an organization for a grant from the Tsunami Relief Fund. This is not required for subsequent requests for grants from this fund.

- A copy of the organization's letter of exemption from the Internal Revenue Service indicating 501(c)(3) status. A copy of your certificate from the State of Minnesota is not acceptable.
- The organization's most recent audit or year-end financial statements and the operating budget for the current year
- A list of the members of the Board of Directors.

In submitting this application, the applicant agrees to the following:

- a) The applicant realizes that payment of funds will be at the convenience of the Foundation. The Foundation reserves the right to cancel the grant and/or modify previously agreed-upon payments should such actions be deemed necessary by the Foundation.
- b) The applicant understands that the Foundation may review any or all information submitted as part of this request with advisors of the Foundation's choosing, if deemed necessary by the Foundation.
- c) The applicant intends to comply with the terms of the Minnesota Charitable Solicitation Act (MS §309), if applicable.

Signature of Executive Director Date

In signing this, I affirm that the Board of Directors of the organization named above is aware of, and has approved of, this request for matching funds for contributions to tsunami relief.

Name of Board Chair Signature of Board Chair Date