



PROPOSAL SUMMARY INFORMATION FORM

Organization Requesting Funds: (Legal IRS name *and* Employer ID Number)

Program Title:

Program Director:

(Name) _____

(Phone number) _____

(E-mail address) _____

Proposed Grant Period:

(Month, Year – Month, Year)

Amount Requested:

\$ _____

GRANT CONTACT INFORMATION

1. PERSON LEGALLY RESPONSIBLE FOR SIGNING GRANT CONTRACTS:

(Contact person) _____
(Title) _____
(Organization) _____
(Address) _____

(Phone number) _____
(E-mail address) _____

2. GRANT PAYMENTS SHOULD BE MAILED TO:

(Contact person) _____
(Title) _____
(Organization) _____
(Address) _____

(Phone number) _____
(E-mail address) _____

3. PERSON RESPONSIBLE FOR PREPARING AND SUBMITTING PROGRAM REPORTS:

(Contact person) _____
(Title) _____
(Organization) _____
(Address) _____

(Phone number) _____
(E-mail address) _____

4. PERSON RESPONSIBLE FOR PREPARING AND SUBMITTING FINANCIAL REPORTS:

(Contact person) _____
(Title) _____
(Organization) _____
(Address) _____

(Phone number) _____
(E-mail address) _____

LILLY ENDOWMENT INC.
Exempt Status and Foundation Status Information Form

Lilly Endowment, Inc., is required by law and Internal Revenue Service regulations to determine the exempt status and foundation status of each organization to which the Endowment makes a grant. Therefore, it is necessary that you supply the following information, attach the requested documents, affix the signature of a responsible officer of your organization and return one copy of this form and these documents to the Endowment before we will be able to process your application for a grant.

1. **NAME, ADDRESS AND TELEPHONE.** The exact name, address and telephone number of your organization are:

Zip Code: _____ Telephone No.: _____ EIN No.: _____

2. **EXEMPT STATUS.** Attach a copy of the most recent Internal Revenue Service letter determining that your organization is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3).

3. **FOUNDATION STATUS.** Attach a copy of the most recent Internal Revenue Service letter determining your organization's foundation status under the Internal Revenue Code (this may be the same letter as described in item 2) and check the box(es) describing your organization:

- | | | |
|---|--|--|
| 1 <input type="checkbox"/> Church
Section 170(b)(1)(A)(i) | 5 <input type="checkbox"/> Governmental unit
Section 170(b)(1)(A)(v) | 9 <input type="checkbox"/> Operating foundation
Section 4942(j)(3) |
| 2 <input type="checkbox"/> School
Section 170(b)(1)(A)(ii) | 6 <input type="checkbox"/> Publicly supported charity
Section 170(b)(1)(A)(vi) | 10 <input type="checkbox"/> Exempt operating
foundation
Section 4940(d)(2) |
| 3 <input type="checkbox"/> Hospital
Section 170(b)(1)(A)(iii) | 7 <input type="checkbox"/> Public charity with limited
investment income
Section 509(a)(2) | 11 <input type="checkbox"/> Private foundation
Section 509(a) |
| 4 <input type="checkbox"/> Organization benefiting
state college
Section 170(b)(1)(A)(iv) | 8 <input type="checkbox"/> Supporting organization
Section 509(a)(3)
<input type="checkbox"/> Type I – Section 509(a)(3)(B)(i)
<input type="checkbox"/> Type II - Section 509(a)(3)(B)(ii)
<input type="checkbox"/> Type III - Section 509(a)(3)(B)(iii) | |

4. **EFFECT OF GRANT.** If your organization is not now a private foundation, will receipt of the grant requested from Lilly Endowment cause your organization to become a private foundation?

☐ Yes ☐ No

5. **LOBBYING.** Does your organization make expenditures to carry on propaganda or otherwise to attempt to influence legislation?

☐ Yes ☐ No

If yes, please attach an itemized budget for the project or program for which you seek a grant from the Endowment showing that no part of the grant will be used for such activities.

Date: _____, 20____

(Signature)

(Title—Must be a responsible officer)

(Please print name)

(Email address)