



## GIFTS AND GRANTS REQUEST

NAME OF ORGANIZATION		IS THIS A 501(C)(3) ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
ORGANIZATION ADDRESS	DATE ORGANIZATION FOUNDED	IF NO, OTHER IRS DESIGNATION
	ORGANIZATION PHONE	IRS EXEMPTION NUMBER
CONTACT PERSON WITH ORGANIZATION	IS THIS A UNITED WAY AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF REQUEST

### SECTION A – IDENTIFICATION AND FINANCIAL INFORMATION

<b>1</b>	HOW MUCH MONEY ARE YOU REQUESTING?	HOW SHOULD CHECK BE MADE PAYABLE?
<b>2</b>	IS THIS REQUEST COMBINED WITH OTHER AGENCIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE LIST OTHER AGENCIES.
<b>3</b>	DURING WHAT PERIOD OF TIME WILL THE MONEY BE USED?	
<b>4</b>	WITHIN WHAT GEOGRAPHIC AREA(S) DOES YOUR ORGANIZATION OPERATE, AND WHAT GEOGRAPHIC AREA(S) WILL BE SERVED BY THIS GRANT?	
<b>5</b>	WHAT PUBLICITY WILL BE INVOLVED? (A CONSOLIDATED NUCLEAR SECURITY, LLC (CNS) LOGO WILL BE PROVIDED UPON REQUEST.)	

<b>FINANCIAL INFORMATION</b>	OPERATING YEAR
<b>REVENUE</b>	LIST MAJOR SOURCES OF REVENUE AND PERCENTAGE EACH SOURCE CONTRIBUTES TO TOTAL BUDGET.
<b>EXPENSES</b>	LIST MAJOR PROGRAMS AND PERCENTAGE OF BUDGET SPENT FOR EACH.
	WHAT PERCENTAGE OF ORGANIZATION'S BUDGET IS USED FOR ADMINISTRATIVE EXPENSES?

*PLEASE ATTACH A COPY OF YOUR MOST RECENT COMPREHENSIVE FINANCIAL STATEMENT.*

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**SECTION B - DESCRIPTION**

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PROVIDE IN THE SPACE BELOW A ONE-PAGE DESCRIPTION OF HOW THIS MONEY WILL BE USED AND ITS BENEFIT TO THE COMMUNITY.

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**SECTION C – ADMINISTRATION**

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IN THE SPACE BELOW BRIEFLY DESCRIBE HOW YOUR ORGANIZATION IS ADMINISTERED. ATTACH A COPY OF YOUR ORGANIZATION CHART IDENTIFYING WHICH ARE SALARIED POSITIONS AND WHICH ARE VOLUNTEER. IF THIS IS A COMBINED REQUEST, INDICATE WHO WILL ADMINISTER THE PROJECT AND HOW THE MONEY WILL BE ADMINISTERED.

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SUBMIT COMPLETED FORMS TO:  
**PUBLIC AND GOVERNMENTAL AFFAIRS OFFICE  
CONSOLIDATED NUCLEAR SECURITY, LLC (CNS)  
P. O. BOX 2009  
OAK RIDGE, TN 37831-8245  
(865) 574-1640**