Endow Mississippi Program
Application For Tax Credit

Applicant: Please fill out shaded sections and forward to your community foundation.

Legal Name of Taxpayer	Federal EIN or SSN	Alliance File Number
_____	__ __ __ __ __ __ __ __ __	__ __ __ __ - __ __ - __ __ __

Street Address or Post Office Box Number	E-mail Address
_____	_____

City	County	State	Zip Code	Daytime Phone	Fax Number (optional)
_____	_____	_____	_____	_____	_____

Contact Person (if different from above)	Title	E-mail Address
_____	_____	_____

Type of Taxpayer or Entity ☐ Individual ☐ Estate ☐ Trust ☐ Corporation ☐ Limited Liability Partnership ☐ Limited Liability Partnership ☐ Other _____

Date Application Received	Time Received		Amount of Endowment Gift	Amount of Tax Credit Requested
_____	_____	☐ AM ☐ PM	$_____	$_____

Name of Community Foundation Receiving Endowment Gift	Federal EIN	Daytme Phone
_____	__ __ __ __ __ __ __ __ __	_____

Street Address or Post Office Box Number	Contact Person
_____	_____

City	County	State	Zip Code	E-mail Address
_____	_____	_____	_____	_____

Name of Fund Receiving Endowment Gift	Purpose of Fund Receiving Endowment Gift
_____	_____

Certification of Taxpayer: Under penalties of perjury, I certify that I have examined this application, including all accompanying documents and statements, and to the best of my knowledge and belief, the facts and figures presented in this application are true and correct, and that I intend to make an endowment gift as described in this application.

By: _____ Date: _____ Printed Name _____
Signature of Taxpayer or Authorized Representative

Certification of Community Foundation: I hereby certify that our foundation is a qualified community foundation under the Endow Mississippi Program, that the donation listed above is being or will be made to a fund intended to exist in perpetuity that qualifies under the Program, that any funds generated from this endowment fund will be used for the benefit of a cause or causes within the state of Mississippi, and that the facts and figures presented in this application are true and correct. I agree that I will provide access to records relative to this application to the Alliance and MS Department of Revenue upon request.

By: _____ Date: _____ Printed Name _____
Chief Executive Officer or Designee

THIS APPLICATION HAS BEEN REVIEWED BY THE MISSISSIPPI ALLIANCE OF NONPROFITS AND PHILANTHROPY, AND THE ALLIANCE HEREBY
☐ APPROVES ☐ DOES NOT APPROVE THIS APPLICATION FOR AN ENDOW MISSISSIPPI TAX CREDIT.

By: _____ Date: _____ $_____
Sammy Moon, Executive Director
Amount of Tax Credit Awarded