TKE Educational Foundation Grant Request Form – Educational Facilities

In order for funds kept by the TKE Educational Foundation to be used for campus facilities, they must be either for educational or for life safety purposes as allowed by the Internal Revenue Service.

To quality for a facilities grant from the Foundation, a project must be:

- 1. Designed primarily to meet or advance the educational needs of the students attending the college or university,
- 2. The affiliated college or university must offer similar benefits in other campus facilities, and
- 3. Any social, recreational, or private purpose must be incidental to the educational purpose for which the grant is requested.

Grants to cover the annual operating expenses of any library, study, computer, or instructional areas, as well as operating expenses related to fire alarms, smoke detectors, and internal sprinkler systems for educationally-dedicated areas are permitted by the Internal Revenue Service.

| | Resolution | a & Certific | ation of Elig | gibility for Foundation Grant |
|-----------------------------|--|----------------|------------------------------|--|
| | • | | | on Fraternity hereby requests that a grant be allocated from ation, for the following purpose(s): |
| \$ | To build or improve dedicated library, study, computer or instructional facilities within a chapter housing facility | | | |
| \$ | For operating expenses for any library, study, computer or instructional area, including fire alarms, smoke detectors, and internal sprinkler systems for those designated areas | | | |
| by the Internal Reve | nue Service, and ce | ertifies to th | e Foundation | pose is wholly incidental to the educational purposes allowed in that this grant request is for educational expenses allowed stification for this grant request is hereby attached to this |
| Payable to: | | | | Contact person completing application: |
| Mailing address: | | | | |
| City: | State: | Zip: | | Phone #: |
| Date | | | | E-mail address: |
| Signature of Board Chairman | | | Signature of Chapter Advisor | |
| Name: Address: | | | Name: Address: | |
| | | For F | oundation In | ternal Use Only: |
| Reviewed and approved on | | | by | , |