



Washington Association of Physicians of Indian Origin

Charitable Mission: Without any financial gain, the committee is to provide/support for/participate in activities or projects that promotes disease(s) awareness, health education and/or improved outcome for the community at large

Application to request Donations from WAPI

Line #	Please read each item below and record your responses in the next column.	For Applicant Write your response here.
1	Name of Organization applying for Support:	
2	Organization's Tax ID #	
3	Organization's official mailing address:	
4	Organization's Official Email address:	
5	Are you nonprofit org under 501 (C) as defined by IRS?	<i>Attach a copy of IRS determination letter</i>
6	Is your organization a local secular organization in a broader sense that represents all Washingtonians.	
7	What specific activity or project you are requesting this support for? How much?	
8	Is this activity or project taking place this year? <i>(WAPI will consider the project(s) only for current Yr)</i>	
9	Describe the purpose of this activity, people likely to benefit and Why we should support this activity? <i>(This activity must be consistent with WAPI's charitable mission as above)</i>	
10	Date & place where this activity or project will take place.	
11	Name and title of the person acting on behalf of organization listed on line 1. Your phone # where we can reach you? Your email address:	
12	Your Signature & title	
13	The date submitted to WAPI's President.	
WAPI's governing body use: (Answers to Q# 5, 6 & 8 must be consistent with our charitable policy & Q#9 be consistent with charitable mission)		
14	Date application received by WAPI	Date:
15	A. Does the applicant meet criteria for a qualified organization (Q# 5 & 6) B. Is activity/project taking place this year? Q#8) C. Is this activity or project proposed above by the applicant is consistent with WAPI's charitable mission as listed above? (Q#9)	() Application may be approved, if yes to all items (15A, 15B, 15C) (Finish questions below) () No. The request is denied () Need further review by Gov body at its next meeting in _____. () No adequate fund available for current year
16	Total Amount Available per charitable budget for this year as approved by WAPI.	\$
17	Total # of eligible organization(s) applying for support:	
18	Amount to fund to this applicant (if approved on line #15)	\$
19	Forward a copy (if approved) to treasurer: Forward a copy to Admin (regardless of approval) for WAPI's records.	<i>(For treasurer/admin use)</i>
20	For Executive body/Admin: The date the decision relayed to applying organization: _____ Decision relayed by who?: _____ By what method? <i>(circle one)</i> : Phone Fax email mail	