Foundation for Purposeful Living
Grantee Tax Exempt Status Information Form for Organizations

I. Organization Data:

Applicant Organization: ____________________________________________________________
Employer ID #: _____________________________
Payee Organization (if different): ___________________________________________________
Employer ID #: _____________________________

Budget Information

<table>
<thead>
<tr>
<th>Budget Information</th>
<th>Sponsoring Institution</th>
<th>Project Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Fiscal Year (total)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Fiscal Year (total)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sources of Support (General)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. Tax Exempt Status of PAYEE Organization:

A. Is payee organization tax exempt under:

Section 501(c)(3) _____ Section 501(c)(1) _____ Section 115 _____ Yes ____ No ____
IRS tax exempt determination letter attached Yes ____ No ____
Referring to your IRS determination letter, check all items that apply to your organization:

Section 509(a)(1) _____ Section 509(a)(2) _____ Political subdivision Section 170(c)(1) _____
(i) Church _____
(ii) School _____ Section 509(a)(3) _____ Government Instrumentality _____
(iii) Hospital _____
(iv) College or University Section 509(a)(4) _____ Local Chapter or Religious Organization
Support Organ. _____ Under Group Ruling _____
(v) Governmental Unit _____ “Not a 509(a)” _____
(vi) Publicly Supported _____ Private Foundation:
Other (explain), and if uncertain, attach copy of Form 990, page 1, and Schedule A

If payee organization is covered under a group ruling, are the group ruling letter and letter from the umbrella organization indicating your organization’s affiliation attached? N/A ____ Yes ____ No ____
Explain “No” answers:

III. Conflict of Interest (Incorporate these and other “promises/pledges” in a Grantees Acceptance Form, to be completed/executed only if and after the Foundation Board approves a grant in support of an endeavor, as a condition for actual payment of the grant.)

Will any of the requested grant funds be used to carry out propaganda or attempt to influence legislation, to influence the outcome of any election, to carry on any voter registration drive or invest in a commercial venture?
Yes ____ No ____
(Also include in the “Grantee’s Acceptance Form/Agreement” the following:
Do you agree to provide periodic progress reports and a final report of what was accomplished with the FPL’s grant? Yes_____ No_____?

X________________________________________________________
(Signature)          (Printed Name)          (Title)          (Date)

Board of Directors
List BOD members (can be as an attachment to the 3-page letter proposal)