



Endow Mississippi Program Application For 2024 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
_____ Contact Person (if different from above)		_____ Title	_____ E-mail Address
Type of Taxpayer <input type="checkbox"/> Individual <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership or Entity <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other _____			
_____ Date Application Received	_____ Time Received <input type="checkbox"/> AM <input type="checkbox"/> PM	\$ _____ Amount of Endowment Gift	\$ _____ Amount of Tax Credit Requested
_____ 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
_____ 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 <input type="checkbox"/> APPROVES <input type="checkbox"/> DOES NOT APPROVE THIS APPLICATION FOR AN ENDOW MISSISSIPPI TAX CREDIT.			
By: _____ Sammy Moon, Executive Director		Date: _____	\$ _____ Amount of Tax Credit Awarded