



CREATE
FOUNDATION

Requirements for Special Projects

As a special project of CREATE Foundation, we agree to the following expectations:

- The special project advisor will notify CREATE of any persons authorized to recommend disbursements from the special project fund.
- Unless the special project is a registered 501(c)(3) charitable organization, it should always identify itself as a special project of CREATE when soliciting contributions or promoting the special project to the public through any type of event, media, or signage (Required by the MS Secretary of State).
CREATE's logos can be found at www.createfoundation.com/standards.
- Special projects must record minutes regarding approval of disbursements by their advisory committee.
- Special projects should not have employees or recurring contract workers.
- Disbursements should be requested at least 72 hours in advance of pick up or mail out.
- Disbursements should support the project purpose and should not endanger CREATE's 501(c)(3) status.
- Special projects should not be using a separate checking account unless they have 501(c)(3) status.
- An annual fee of \$200 is charged for the above services.
- An administration fee will be assessed to accommodate processing of any grant income. This fee will be a small percentage of the grant monies received.

Please sign and date acknowledging that you have read the above requirements.

BY: _____ Date: _____
Special Project Fund Advisor

Special Project Fund



**CREATE Foundation, Inc.
Special Project Application**

Name of Project: _____

Purpose of Project (Please make this as detailed as possible and attach a separate sheet if more space is needed):

Questions

1. Is your organization incorporated? _____ If yes, please give your federal ID# _____
2. If you answered yes to question #1, are you registered with the state of MS as a corporation and a licensed charity? _____
3. Is your organization in process of applying for 501(c)(3) status? _____ Please indicate the date you have filed your application or the date you expect it to be filed _____
4. Estimated number of transactions per month: Receipts _____, Disbursements _____, Estimated Project Budget _____
5. If applicable, Project Start Date _____; Project End Date _____
6. Check here if the project has no fixed start and end dates but will be ongoing: _____
7. Do you plan to use CREATE's tax ID number to apply for grants? _____
8. Attach a list of names and contact information for your advisory committee (a minimum 3 members should be named as an advisory committee)

Comments

If you would like to comment on any of the answers above, please do so here.

Special Project Application Page 2

Contact Name: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Advisory Committee:

1. Name: _____

Email: _____

2. Name: _____

Email: _____

3. Name: _____

Email: _____