

# Endow MISSISSIPPI

## Endow Mississippi Program Application For Tax Credit

Applicant: Please fill out shaded sections and forward to your community foundation.

Legal Name of Taxpayer		Federal EIN or SSN		CFMS 19 00
Street Address or Post Office Box Number		E-mail Address		
City	County	State	Zip Code	Daytime Phone      Fax Number (optional)
Contact Person (if different from above)		Title		E-mail Address
Type of Taxpayer or Entity		<input type="checkbox"/> Individual <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other		
Date Application Received	Time Received		\$	\$
Community Foundation for Mississippi		64-0845750		601-974-6044 x 222
Name of Community Foundation Receiving Endowment Gift		Federal EIN		Daytime Phone
119 South President Street, First Floor		Jane Alexander		
Street Address or Post Office Box Number		Contact Person		
Jackson	Hinds	MS	39201	jane@formississippi.org
City	County	State	Zip Code	E-mail Address
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: Jane Alexander President and 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: _____ Date: _____		\$ _____		
Sammy Moon, Executive Director		Amount of Tax Credit Awarded		
 <p>A service of</p>				

**Applicant: Please fill out shaded sections and forward to your community foundation.  
You may hand-deliver the application, fax it or e-mail it to the community foundation.**

If you need contact information for your community foundation, contact the  
Mississippi Alliance of Nonprofits and Philanthropy at 601-321-5541 for that information.

### Instructions for Sections to be completed by Applicant/Taxpayer:

**Legal Name of Taxpayer:** Name of person or entity as it appears on your annual tax return.

**Federal EIN or SSN:** Employer Identification Number or Social Security Number of taxpayer.

**Street Address or Post Office Box:** Use address at which you receive tax information or correspondence.

**City/County/State/Zip Code:** Address at which you receive tax information or correspondence.

**E-mail address, Phone Number:** Use contact information at which you can most easily be reached.

**Contact Person/Title/E-mail:** Complete this to list an attorney, tax preparer or other contact person.

**Type of Taxpayer Entity:** Please check the appropriate box.

**Amount of Endowment Gift:** Fill in the amount of the gift you intend to make.

**Certification:** Please read, sign and date the certification, and fill in your printed name.

### Instructions for Sections to be completed by the Community Foundation:

**Alliance File Number:** Instructions for file numbers are provided separately.

**Date Application Received, Time Received:** Fill in date and time this signed application is received from the  
**Applicant/Taxpayer** (NOTE: THIS INFORMATION ESTABLISHES PRIORITY FOR TAX CREDITS).

**Amount of Tax Credit Requested:** This cannot exceed 25% of the amount of the endowment gift.

**Basic Information on your Community Foundation:** Fill in the community foundation's name, EIN, phone number,  
address, name and e-mail address of contact person regarding this application.

**Name of Fund Receiving Endowment Gift:** Use name on your Fund Agreement.

**Purpose of Fund Receiving Endowment Gift:** Provide key words describing the use of the Fund.

**Certification:** Please read, sign and date the certification, and fill in your printed name.

When all sections of this application are completed in accordance with these instructions, the application  
should be e-mailed to [sammy.moon@alliancems.org](mailto:sammy.moon@alliancems.org), with a copy to [mike38671@yahoo.com](mailto:mike38671@yahoo.com), for  
processing. If an acknowledgement email is not received within 48 hours, please call the Alliance at  
601-321-5540 to follow up on the application.

After review, the Alliance will complete the section showing approval/disapproval and if approved, the  
amount of tax credit that is approved. The Alliance will contact the community foundation should it have  
questions about the application.

The community foundation may then notify the applicant/taxpayer, secure the endowment gift, and  
inform the Alliance when the gift is secured.