

Acelity™ Foundation
Grant Application



Organization Name : _____ Federal Tax ID # _____

Project Title: _____

Project Time Period: _____

Contact Person: _____

Contact Person Title: _____

Mailing Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Amount of Request: \$ _____ Total Project Budget: \$ _____

Purpose of the Grant Request: _____

Organization's primary exempt purpose: _____

Is this charity recommended by a KCI employee? If so, include name and department below:

Name: _____ Department: _____

If awarded a grant, the check should be made payable to a registered 501(c)(3) organization. Please provide the following information as indicated on your organization's tax-exempt determination letter:

Organization Name: _____

Attention/Title: _____

Address: _____

Phone/Fax: _____

Required Attachments:

- List of collaborating partners (include name, phone, e-mail, and fax number, and a brief description of the services rendered to applicant)
- List of applicant's board members or community advisory board
- Letter of support from at least two community members or clients who will be served by this program
- Copy of applicant's IRS Tax Determination Letter --501(c)3
- Copy of applicant's last 990

CEO or Executive Director Signature

Date

Please submit the information to the KCI Servant's Heart Foundation via e-mail at AcelityFoundation@Acelity.com, or by mail to the Acelity™ Foundation, 12930 W Interstate 10, San Antonio, TX 78249.