

## Intel Involved Matching Grant Program Procedure for Eligibility Application

In order for the Intel Involved Matching Grant Program to consider your organization eligible to receive volunteer matching grants from the program, we ask that you complete and return the enclosed Matching Grant Eligibility Application Form. Please note that we will not be able to consider eligibility for your organization until all documents are submitted.

We require the following document translated into English:

- The attached matching Grant application completed.
- A copy of your organizing documents, such as your constitution, trust deed, by-laws, or charter. These documents will provide, at minimum, information stating what will happen to funds in the event of your charity ceasing to function.
- Proof of your registration as a Government Funded Organization or a Not-For-Profit organization.
- A description of your programs and activities of your organization. You may provide a brochure, annual review, a sample of your fundraising leaflets or other written materials. In order to fulfill this requirement, schools should provide curriculum information.
- Required for not-for-profits only: "Schedule of Financial of Financial Support" and "Foreign Public Charity Equivalency"
- A list of your Trustees or Directors with a description of how the Trustees or Directors are selected.

This information should be sent to:

Intel Involved Matching Grant Program  
P.O. Box 7067  
Princeton, NJ 08543-7067  
Phone: 1-866-625-4304  
Fax: 1-(609) 799-8019  
[intel@easymatch.com](mailto:intel@easymatch.com)

If mailing the forms using a courier service such as Fed Ex, etc, use the address below:

Intel Involved Matching Grant Program  
104 Morgan Lane  
Plainsboro, NJ 08536 USA  
**Attn: Meredith Simonka**

## Intel Involved Matching Grant Program MATCHING GRANT ELIGIBILITY APPLICATION

Please complete the following contact information (*type or print clearly*):

Official Name of Your Organization \_\_\_\_\_

“Doing Business As” Name (*if different from official name*) \_\_\_\_\_

Address (*Line 1*) \_\_\_\_\_

Address (*Line 2*) \_\_\_\_\_

Address (*Line 3*) \_\_\_\_\_ City \_\_\_\_\_

Province, County or State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Telephone Country Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Facsimile Number \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

(If your organization maintains a physical presence in any other jurisdiction, please attach a listing of each additional address and phone number.)

Name of Official Contact Person for this Grant Consideration \_\_\_\_\_

Position Title \_\_\_\_\_

Direct Telephone Line (*if applicable*) \_\_\_\_\_

Direct Email Address (*if applicable*) \_\_\_\_\_

THE INTEL FOUNDATION MUST RECEIVE THE FOLLOWING INFORMATION BEFORE IT IS ABLE TO CONSIDER A MATCHING GRANT. PLEASE ANSWER ALL QUESTIONS AND INCLUDE ALL MATERIALS REQUESTED. THIS INFORMATION IS LEGALLY REQUIRED FOR INTEL FOUNDATION’S CONSIDERATION OF A MATCHING GRANT TO YOUR ORGANIZATION.

1. Is your organization officially classified or recognized as a non-profit organization by the government of your city or country?  Yes  No

- If **Yes**, please add your registration number below and attach a copy of your certificate of registration or other evidence of your non-profit status. Registration number: \_\_\_\_\_
- If **No**, please explain: \_\_\_\_\_

2. Does your organization have (*please mark ✓ the box that applies*):

- Charter  
 Trust Deed  
 By-laws  
 Other Organizing Document (*please describe*) \_\_\_\_\_

**PLEASE SEND THE INTEL FOUNDATION ONE COPY OF THE DOCUMENT THAT HAS BEEN CHECKED ✓ ABOVE (TRANSLATED INTO ENGLISH). WE CANNOT CONSIDER A MATCHING GRANT TO YOUR ORGANIZATION UNTIL THIS DOCUMENT IS RECEIVED. IF NO SUCH DOCUMENT EXISTS, PLEASE EXPLAIN WHY:** \_\_\_\_\_

3. Does your organization provide primary, secondary or university education programs?  Yes  No

**PLEASE DIRECT ALL QUESTIONS TO FAX: 609-799-8019 or EMAIL: intel@easymatch.com**

**Please Note: Questions 4-7 below are optional** for public/government funded schools. If you have the information available for these questions, please provide. Otherwise, please provide curriculum information as requested on page one of this document. All other organizations, including private schools, must answer Questions 4-7.

4. Are any of your income or assets distributed to, or applied to the benefit of, a private person or for-profit organization, other than the beneficiaries of your charitable purpose?  **Yes**  **No**

5. Do any individuals or for-profit enterprises own any part of your organization's income or assets?  **Yes**  **No**

6. Under the laws and customs applicable to your organization, or under its governing instruments (*charter, trust deed, bylaws, other*), is your organization permitted to:

- Engage in activities that are unrelated to your primary purpose, except as an insignificant part of your organization's activities?  **Yes**  **No**
- Attempt to influence legislation, except as an insubstantial part of your organization's activities?  **Yes**  **No**
- Participate or intervene, directly or indirectly, in any political campaign for or against any candidate for public office?  **Yes**  **No**

7. Is your organization controlled by any other organization?  **Yes**  **No**

**If you have answered YES to questions 4, 5, 6 or 7 please attach an explanation.**

8. (a) Describe your organization's goals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(b) Describe your organization's programs and activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(c) How would a matching Grant from the Intel Foundation be applied to your programs and activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) If applicable, please supply a separate list of all names and addresses of organizations to which your organization currently provides or proposes to provide funding, services, or material support, to the extent known

\_\_\_\_\_  
\_\_\_\_\_

9. What will happen to the assets of your organization in the event of dissolution (*i.e.: ceasing to function*)?

\_\_\_\_\_  
\_\_\_\_\_

10. List the names and addresses of any subcontracting organizations utilized by your organization to assist your organization in fulfilling its mission *(please list or attach information)*

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11. In order to comply with the US Patriot Act, all organizations are required to disclose all active bank accounts for that organization, even accounts that will not be accepting grant payments for the Intel Involved Matching Grant Program. Please complete the information below and provide the bank name and full address for each account. Attach an additional sheet of paper if necessary. **If your organization will require an EFT wire transfer, please complete the attachment titled "Intel Involved Matching Grant Program Wire Transmittal Form".**

**Intermediary Bank:** (Note: This is the bank the receives the funds from our bank and then passes it on to another bank, usually where the applicant organization has an account)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

**Beneficiary Bank:** (Note: receives money from another bank, the ultimate destination for the funds)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

**12. Method of Payment**

**Standard method:** In most cases the Intel Foundation will pay matching Grants by checks in US currency. If your organization requires a different method, please read below for two options.

- **Bank Draft Option:** Please note that bank drafts are available in select countries. See the list below. If you are in one of these countries and would like the payment given as a bank draft, please indicate in this section. The bank draft will be mailed to the organization’s address listed on Page 2 of this document

Countries that will accept bank drafts: Austria, Australia, Belgium, Canada, Czech Republic, France, Germany, Great Britain, Hong Kong, Israel, Italy, Japan, Mexico, Netherlands, New Zealand, Pakistan, Poland, Saudi Arabia, Singapore, South Africa, Spain, Sweden, Switzerland, Thailand

- **EFT wire transfer:** If your organization will require an EFT wire transfer, please complete the attachment titled “Intel Involved Matching Grant Program Wire Transmittal Form”. This option should only be chosen if no other option is available and requires further processing time than a US check or bank draft.

Choose *one* option below:

- My organization can accept grant checks in US currency
- Please make the payment via EFT wire transfer. The completed **Intel Involved Matching Grant Program Wire Transmittal Form** has been submitted with this application
- Please make the payment via bank draft

If you need to provide additional information regarding the payment method, please include below:

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**PLEASE RETURN THIS ENTIRE FORM, ALONG WITH THE ATTACHED AGREEMENT AND THE REQUESTED SUPPORTING DOCUMENTATION, TO THE ADDRESS SHOWN BELOW.**

**THANK YOU.**

Intel Involved Matching Grant Program  
P.O. Box 7067  
Princeton, NJ 08543-7067  
EMAIL: [intel@easymatch.com](mailto:intel@easymatch.com)

FAX: 1 (609) 799-8019

**PLEASE DIRECT ALL QUESTIONS TO FAX: 609-799-8019 or EMAIL: [intel@easymatch.com](mailto:intel@easymatch.com)**

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**NOTE: THE FOLLOWING AGREEMENT IS PART OF THE MATCHING GRANT APPLICATION PROCESS. NO DECISION WILL BE MADE UNTIL THE INTEL FOUNDATION HAS REVIEWED YOUR SUBMISSION.**

## AGREEMENT

On behalf of \_\_\_\_\_ (“The Organization”) I agree that any funds which the Intel Foundation may matching Grant to “The Organization” will be used by “The Organization” as follows:

- The matching Grant will be used only for the purposes and activities which “The Organization” described in Part 3B of its Matching Grant Eligibility Application.
- “The Organization” does not discriminate on the basis of race, color, creed, gender, national origin, sexual orientation, veteran or disability statuses
- Upon request, “The Organization” will provide the Intel Foundation with a brief report describing its use of the matching Grant funds.
- “The Organization” will not use the matching Grant, directly or indirectly,
  - to influence legislation;
  - to influence the outcome of any specific election for candidates to public office or to carry on any voter registration drive;
  - to induce or encourage violations of law or public policy or to cause any improper private benefit to occur;
  - to make any matching Grant to an individual, other than as a part of “The Organization’s” charitable activities described in Part 8C of its Matching Grant Eligibility Application; or
  - to undertake any activity not described in Part 8C.
- “The Organization” does not employ or deal with, and will not use any matching Grant funds to aid or support, any entities or individuals on the anti-terrorist watch lists or whom “The Organization” otherwise knows to support terrorism.
- “The Organization” will also undertake reasonable steps to continually ensure that the funds will not ultimately support terrorist organizations.
- The matching Grant will not be used for tuition, medical expenses, or other economic benefits to a volunteer or any member of a volunteer’s family.
- If “The Organization” is dissolved, or if “The Organization” is otherwise unable to use the matching Grant for the purpose and activities described in Part 8C, “The Organization” will promptly return any unexpended matching Grant funds to the Intel Foundation.
- If any portion of the matching Grant is used for any purpose other than those described in Part 8C, “The Organization” will promptly correct this error. If the misuse is not promptly corrected, the Intel Foundation may demand the return of the entire matching Grant, and “The Organization” will return the matching Grant.
- The laws of the United States of America govern the Intel Involved Matching Grant Program.

“The Organization” understands that a matching Grant from the Intel Foundation does not confer upon “The Organization” any special recognition, endorsement of affiliation with the Intel Foundation, Intel Corporation and its subsidiaries.

### Agreed and Accepted:

By \_\_\_\_\_ its \_\_\_\_\_ on \_\_\_\_\_  
*Authorized Signature Title/Position of Signatory Date*