



c/o Eli Weiss • PO Box 3078 • Aspen • Colorado 81612 USA apps@wildize.org 877•351•4507 Fax: 970-923-1695

WILDIZE FOUNDATION® GRANT PROGRAM
Suitability Inquiry

Name of organization applicant: _____

Name of organization providing referral: _____

Address: _____

Person contacted and telephone number (*including country code and city code, if applicable*): _____

Date contacted: _____.

I have verified that the organization is classified by the I.R.S. as a Section 501(c)(3) organization:

- A copy of its IRS determination letter in our file # _____.
- I checked the listing of charitable organizations on the IRS's web site.
- Website

If the organization is not U.S. based, I have verified the classification and or registration of the country of origin.

- A copy of its registration documentation in our file # _____.
- I checked the listing of charitable organizations through country of origin authority.
- Website

I have a copy of its most recent annual report. Audited: Yes. No.

I have a list of directors and officers. There appears to be oversight by independent directors.

The organization is registered with its state's Attorney General or Country of origin authority

Its annual reports are current.

I contacted an independent source to check its general reputation in its community:

Independent source & date: _____
Person contacted and phone number (*including country code and city code, if applicable*): _____

On the basis of my inquiry as to the suitability of the organization for a grant,

- I have no reservation.
- I have some reservation, which is: _____
- I recommend further inquiry, before a grant is made.
- I recommend that no grant be made.

Date: _____ By: _____