

Attachment 1
Annual Recertification
Of Organizations Receiving CMAIN Funds
Receiving Organization Information

Organization Name or ID Number

Organization Mailing Address, City, State and Zip Code

Organization's Financial Officer Name, Telephone Number and Organization's Telephone Number

Previous Appropriations Information

CMAIN Account/Document ID Number Date of First Appropriation Date of Last Appropriation

Organization's Depository Institution Name Organization's Federal Tax ID Number and EIN

Depository Institution's Account Manager's Name Depository Address Telephone

Description of Public Purpose for this Appropriation Renewal

Briefly describe the purposes for which these funds will be used. Use attachments to provide program details.

Verification of Public Purpose for previous Appropriations

Briefly Summarize amounts used for previous Public Purposes. Use attachments to provide accounting details.

Certification and Review

I, the undersigned Financial Officer of the above named organization, do hereby certify that all the above information and any attachments herewith is True and Accurate to the best of my knowledge and understanding. I further certify that the organization I represent has insured financial accountability for any and all funds appropriated by the CHINESE MUTUAL AID INTERNATIONAL NETWORK.

Organization's Officer's Signature Renewal Date Fundraising Committee Chairperson's Signature

Reviewed and approved for renewal of appropriations by the Board of Directors.

Board of Directors Chairperson, Approval Date

Application for Appropriation of CMAIN Funds or Services
Requesting Organization Information

Organization Name and ID Number (Federal Tax ID Number and EIN required for Outside Organizations)

Organization Mailing Address, City, State and Zip Code

Organization's Financial Officer Name, Telephone Number and Organization's Telephone Number

Request Description

Briefly describe the funds or services you are requesting of CMAIN. Use attachments for program and accounting details.

Organizations requesting funds MUST provide Depository Information at the bottom of this section.

Depository Institution's Account Manager's Name Depository Address Telephone

Description of Public Purpose for this Appropriation Request

Briefly describe the purposes for which these funds or services will be used. Use attachments to provide further details.

Fundraising Committee Review Notes and Comments

Briefly Summarize the Committee's recommendations and comments. Use attachments to provide further details.

Certification and Review

I, the undersigned Financial Officer of the above named organization, do hereby certify that all the above information and any attachments herewith is True and Accurate to the best of my knowledge and understanding. I further certify that the organization I represent has insured financial accountability for any and

all funds or services appropriated by the CHINESE MUTUAL AID INTERNATIONAL NETWORK.

Organization's Financial Officer's Signature Application Date Fundraising Committee Chairperson's Signature

Reviewed and approved for renewal of appropriations by the Board of Directors.

Board of Directors Chairperson, Approval Date
CHINESE MUTUAL AID INTERNATIONAL NETWORK