



Pass Through Grant

Pilot International **PASS THROUGH GRANTS** are grant funds “received by a recipient (club) to transfer to or spend on behalf of a secondary recipient” and should be recognized as revenue. Exception to this requirement is if the recipient (Pilot International) serves only as a cash conduit (i.e. has no administrative or direct financial involvement in the program service in which case the grant should be reported to an agency).

Pilot International is the parent organization and is a 501(c)(3) organization.

1. Submit your application to the donor organization with your Pilot Club information on it with a copy of the Pilot International 501(c)(3) determination letter (if required).
2. Request the check be made payable to Pilot International, 102 Preston Ct., Macon, GA 31210, who is a 501(c)(3). They may put on the comment/memo section of the check: For the said Benefit of: Pilot Club’s Name.
3. Have the check mailed to your club, **not Pilot International Headquarters**.
4. Once the check is received by your Pilot Club organization, submit the check to Pilot International Headquarters and include the Pass Through Grant reimbursement form. You will be notified by Pilot International Headquarters when funds are received. The check and form should be mailed to the following address:

Pilot International Headquarters
ATTN: Lia Smith
102 Preston Ct.
Macon GA 31210

5. Pilot International Headquarters will mail a reimbursement check **within four (4) weeks** made payable to the Pilot Club and issue a receipt to the donor for their tax records.

Please note: It is the club’s/district’s responsibility to follow-up with the donor to ensure the funds are being used properly. Assure the donor that the process is just a turn-around procedure and the money will go to the designated community.



Pass Through Grant Reimbursement Form

Donor Information:

Name: _____ Email: _____

Address: _____ Phone Number: _____

Pilot Club/District Information:

Name: _____ Email: _____

Address: _____ Phone Number: _____

Check Number: _____ Check Amount: \$ _____

Grant funds to be allocated for: _____

Reimbursement check should be submitted to the above address: Yes No

If no, please provide the address and contact information:

Name: _____ Email: _____

Address: _____ Phone Number: _____

Form Completed By: _____ (Date)

(Signature)

_____ (Print Name)

_____ (Pilot Club/District)

(Office)

Staff Use Only

Date Received: _____

Deposit Date: _____

Date Reissued to Club : _____

PI Check Number: _____