

**FUNDING NEW BEGINNINGS COMMUNITY FOUNDATION**  
**APPLICATION FOR COMMUNITY FOUNDATION GRANT**

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Tax ID Number \_\_\_\_\_

1. Amount Requested \_\_\_\_\_

2. Please outline the general purpose of your organization and how Prophetstown area residents may benefit from your program (use additional sheets, if necessary)

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

3. Attach a copy of applicant's proposed budget and current financial statement of the organization.

4. Is the applicant organized as a non-profit organization under State and Federal laws governing charitable organizations? \_\_\_\_\_ If no, please explain.

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

5. Please attach a photocopy of the ruling or determination letter from the Internal Revenue Service regarding exempt status, private foundation status or grant-making status.

6. Are funds to be used for operating or capital expenditures? If yes, please explain and enclose the specific budget for any capital project.

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\_\_\_\_\_

7. Please list other funding sources available to you and amount received from each, if applicable.

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8. Please indicate the number of area participants who benefit from your program.

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9. List the names, titles and addresses of the applicant's officers and governing board.

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10. If the applicant is controlled by, related to, connected with, or sponsored by another organization, please identify the organization and explain the connection.

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I hereby acknowledge the above information is correct and I am authorized to make application on behalf of the organization.

Date: \_\_\_\_\_

\_\_\_\_\_

Name

\_\_\_\_\_

Title

RETURN APPLICATION TO:

**Funding New Beginnings Community Foundation**

**Attention: Nick Emmerson**

**P.O. Box 180**

**Geneseo IL 61254**

**309-944-0580**

**309-944-0582 (Fax)**

**Website: [farmersnationalbank.bank](http://farmersnationalbank.bank)**