

Dollar Amount Requested _____

Federal ID # *If not a 501 (c) 3 complete the Verification of Charitable Use of Funds on next page.*

Name of Group or Organization: _____

Contact Name: _____

Address: _____

Telephone: _____ email: _____

Project Name: _____

Project/Activity Expenses

- How the project money will be spent.
- Please place an * next to the items for which you are requesting funding from the Community Foundation.
- Also list items from top to bottom in order of importance to the success of the project.

Item	Amount	% of Total Project
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL PROJECT/ACTIVITY EXPENSES: _____

Source of Funds. Other organizations where you have applied for funding or will be supporting the project.

Name of Organization	Amount Pending	Amount Given
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Verification of Charitable Use of Funds

We verify, that as a duly appointed representatives of an organization that is not a 501(c)(3) corporation, we will use any and all funds received through the Northern Indiana Community Foundation for charitable purposes.

If at any time, the Grant Committee or Board of the Northern Indiana Community Foundation, Inc. determines that the funds distributed to our organization were not used in a charitable manner, we agree to repay those funds to the Northern Indiana Community Foundation, Inc. for redistribution to an organization that will use them in a not-for-profit manner.

Funds will be used for activities as outlined in the attached application.

Name of Organization

Printed name of duly appointed representative and title held within the organization

Signature

Date

Printed name of duly appointed representative and title held within the organization

Signature

Date