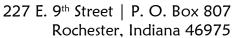
FC WOMEN'S GIVING CIRCLE BUDGET SUMMARY	Complete and em	nail to <u>corinne@nicf.org</u>
Dollar Amount Requested	Federal ID # If not a of Charitable Use of I	501 (c) 3 complete the Verification Funds on next page.
Name of Group or Organization:		
Contact Name:		
Address:		
Telephone:	email:	
Project Name:		
Project/Activity Expenses → How the project money will be spent. → Please place an * next to the items for which you → Also list items from top to bottom in order of interest.		•
item	Amount	% of Total Project
		<u> </u>
TOTAL PROJECT/ACTIVITY EXPENSES:		
Source of Funds. Other organizations where you Name of Organization	n have applied for funding Amount Pending	or will be supporting the project. Amount Given





Phone: (574) 223-2227 • Toll Free: (877) 432-6423

Fax: (574) 224-3709 • www.nicf.org

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	d representative and title held within the organization.
Signature	Date
Printed name of duly appointed	d representative and title held within the organization.
Signature	Date