FC WOMEN'S GIVING CIRCLE BUDGET SUMMARY

Complete and email to corinne@nicf.org

$2,000

Dollar Amount Requested

84-1768089

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

Name of Group or Organization: Fulton County Youth Center

Contact Name: Patience Hisey

Address: PO Box 286, Rochester, IN 46975

Telephone: (574)223-5437 **email:** outletyouthcenter@gmail.com

Project Name: Outdoor Play Equiptment

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
HVAC in the main student area	$ 14,500.00	48
Window Installation	$ 2,950.00	10
Door Installation	$ 4,125.00	14
Painting	$ 975.00	3
Outdoor Equiptment	$ 2,000.00	7
Indoor Equiptment	$ 5,500.00	18
TOTAL PROJECT/ACTIVITY EXPENSES:	$ 30,050.00	100

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

Name of Organization	Amount Pending	Amount Given
Lily Grant Reallocation	$ 20,000.00	
REMC		$ 2,000.00
RTC		$ 2,500.00

NORTHERN INDIANA COMMUNITY FOUNDATION
STARKE FULTON MIAMI

227 E. 9th Street | P. O. Box 807
Rochester, Indiana 46975
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 representative and title held within the organization.

_____

Signature Date

_____

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

_____

Signature Date