

FC WOMEN'S GIVING CIRCLE BUDGET SUMMARY

Complete and email to corinne@nicf.org

2,000

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: Riddle Elementary

Contact Name: Mandie McCarter

Address: 302 Barkman St.

Telephone: 5742535004 email: mandie.mccarter@zebras.net

Project Name: One School One Book

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
Books for every student	\$ 2,890.00	66
Supplies for Family Fun Night- Crafts, games etc	\$ 890.00	20
Food for dinner for Family Fun Night	\$ 600.00	14
TOTAL PROJECT/ACTIVITY EXPENSES:	\$ 4,380.00	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
Optimist Club		\$ 500.00
Rotary Club		\$ 500.00
RTC communications		\$ 250.00
Women of the Moose		\$ 500.00



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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.

Riddle Elementary School

Name of Organization

Mandie McCarter Reading Teacher

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

Mandie McCarter

Signature

07/06/22

Date

Joanna Johnson Reading Teacher

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

Joanna Johnson

Signature

07/06/22

Date