



GIFT *foundation*

GENESEO IS FOR TOMORROW

APPLICATION FOR
COMMUNITY FOUNDATION GRANT

Name of Organization: _____

Mailing Address: _____

Contact Person (Title): _____

Telephone Number: _____

Fax: _____

IRS Tax Exempt Number : _____

1. Amount Requested: _____

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

3. Attach a copy of applicant's proposed 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 not, please explain:

5. Are funds to be used for operating or capital expenditures? Please explain: __

6. Other funding sources to you and amount received from each, if applicable:

7. Please indicate the number of Geneseo area participants that benefit from your program:

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

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

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

I hereby acknowledge that the above information is correct to the best of my knowledge, and I am authorized to make application for the organization.

Date: _____

Name

Title

RETURN APPLICATION TO:

Geneseo Is For Tomorrow (GIFT) Foundation
P. O. Box 265
Geneseo, IL 61254

Telephone: (309) 944-GIFT