**Organization Information**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Name of Organization Applying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Founded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Operating Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director/Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\* Please provide IRS non-profit or tax-exempt letter of determination \*\*\****

**Proposal Information**

Project/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose/Objectives: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date(s) of the Project/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Include bids & additional support if applicable.)

Please list below additional grants, trusts, or foundation awards your organization has received over the last 3 years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year Awarded | Source of Funds | Purpose of Requested Funds | Amount Awarded | Remaining Funds |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

The Corwin- Memorial Trust funds are to be used **“for charitable and educational projects in Litchfield and the vicinity.”**

As with any Charitable Trust that award funds, a measure of accountability is expected of the organization enjoying the benefits of those funds. The Corwin-Memorial Trust expects that funds will be utilized for the outlined and intended project/service as quickly as possible. Confidence exists from the Corwin-Memorial Trust that each organization awarded funds will exhibit accountability, produce results, and use the awarded funds as intended. The Corwin-Memorial Trust Committee may request/inquire as to the status of products/projects/services funded. Future accountability may be requested of your organization.

**Authorization**

Executive Director/Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

 (Signature)

Full Name/Title of Above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *I certify to the best of my knowledge that the tax-exempt status of the organization is still in effect.*

**Submission/Notification Process**

Applications are collected and packets are provided to the Trust Advisory Committee in advance of the scheduled meeting. A member(s) of the Trust Advisory Committee may contact your organization with questions/clarifications if needed.

Approximately 6 weeks after the application deadline, your organization will be notified through the mail regarding the decision made by the Trust Advisory Committee.

**Please do not contact Bank & Trust Company or members of the Trust Advisory Committee about the status of your application.**

**Mailing/Drop Off Information**

Bank & Trust Company

401 N. Madison

P.O. Box 410

Litchfield, IL 62056