Corwin-Memorial Trust

Application for Request of Funds

Please submit original application, along with 9 additional copies, to Bank & Trust Company.

Organization Information

Date of Applica	tion:				
Legal Name of	Organization App	blying:			
Year Founded:		Current Operating Budget:			
Executive Direc	ctor/Administrato	r:			
Contact Person/	'Title:				
Address:					
City:					
Phone Number:		Email:	Email:		
*** P	lease provide IR	S non-profit or tax-exempt l	letter of determin	ation ***	
		Proposal Information			
Project/Program	n:				
Date(s) of the Project/Program: Amount Requested: \$ (Include bids & additional support if applicable.)					
		(Include	bids & additional su	pport if applicable.)	
Please list below over the last 3 y	e	ts, trusts, or foundation awar	rds your organizat	tion has received	
Year Awarded	Source of Funds	Purpose of Requested Funds	Amount Awarded	Remaining Funds	

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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:

(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 Date: