

# *Elizabeth S. Baker Trust Fund*

## **Application for Request of Funds**

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

### **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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 |
|--------------|-----------------|----------------------------|----------------|-----------------|
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The Elizabeth S. Baker Trust funds are to be used **“for various charitable purposes in the Litchfield Community, especially but not by way of limitation, for scholarships and other educational purposes in the Litchfield Community Unit School District. Other examples of acceptable charitable purposes are medical assistance for the needy or Christmas baskets for the underprivileged. These examples are by no means exhaustive.”**

As with any Charitable Trust that award funds, a measure of accountability is expected of the organization enjoying the benefits of those funds. The Elizabeth S. Baker Trust expects that funds will be utilized for the outlined and intended project/service as quickly as possible. Confidence exists from the Elizabeth S. Baker Trust that each organization awarded funds will exhibit accountability, produce results, and use the awarded funds as intended. The Elizabeth S. Baker 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