**Organization Information**

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

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

Year Founded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project 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 \*\*\****

***Internal Revenue Code Section 2055 and Section 501(c)(3) and successor sections***

**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 W. Darrell Kilton Foundation funds are to be used **“for the betterment, improvement and advancement of the community of Litchfield, Illinois, and the agricultural community surrounding and proximate thereto and, in addition, for the enrichment of the lives of the residents of said communities.”**

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