

# Corwin-Memorial Trust

---

## Application for Request of Funds

**PLEASE SUBMIT ORIGINAL APPLICATION, ALONG WITH 9 ADDITIONAL COPIES,  
TO BANK & TRUST COMPANY.**

**PLEASE DO NOT INCLUDE A COVER LETTER WITH YOUR APPLICATION.**

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

**\*\*\* NEW APPLICANTS --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: \_\_\_\_\_

Date(s) of the Project/Program: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_  
(Include bids & additional support if applicable.)

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

---

---

---

---

---

---

---

---

---

---

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  
 Trust Department  
 401 N. Madison  
 P.O. Box 410  
 Litchfield, IL 62056