

Elizabeth S. Baker Trust Fund

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 Budge: _____

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 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 to enjoy 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 by 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