



Application for Funds

Name of Organization: _____

Mailing Address: _____

Contact Person (Title): _____

Telephone Number: _____

E-Mail Address: _____

1. Amount Requested _____

2. How will your organization use these funds this year?

3. Describe your organization's impact on the Geneseo community.

4. Number of participants who received direct assistance from your organization:

Geneseo Area Participants

Age	Last year	Two Years Ago
Under 10	_____	_____
10 - 19	_____	_____
20 - 39	_____	_____
40 - 59	_____	_____
Over 60	_____	_____
Total	_____	_____

Participants Outside of Geneseo

Age	Last Year	Two Years Ago
Under 10	_____	_____
10 - 19	_____	_____
20 - 39	_____	_____
40 - 59	_____	_____
Over 60	_____	_____
Total	_____	_____

5. If your organization is controlled by, related to, connected with, or sponsored by another organization, please identify the organization and explain the connection:

6. Please provide the following additional items:

- Your organization’s mission statement.
- List of names, titles, and addresses of the applicant officers and governing board
- Audited financial statements for the most recent fiscal year
- Financial projections for the current year
- Copy of IRS Determination Letter (for non-profit status)
- Schedule of your other sources of funds, if not available in the financial statements provided above.

I, hereby acknowledge that the above information is correct to the best of my knowledge, and I am authorized to make application for the organization.

Date

Name/Title

Please email the completed application and additional items to geneseocommunitychest1@gmail.com or mail to Geneseo Community Chest at P.O. Box 264 Geneseo, IL. 61254

SPECIAL NOTE: If you have pictures of your staff, board, fund recipients or a related photo that you would like to share please email them to geneseocommunitychest1@gmail.com.