MATTOON COMMUNITY TRUST

**1518 Broadway Avenue**

# Mattoon, IL 61938

**(217) 235-5661**

**Please answer each question within the space provided. Submit original and three (3) copies of the completed form. Attach cover letter and copies of requested attachments, brochures, and additional documentation (if necessary) only to the original. Please type.**

## ORGANIZATION NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_**

**GENERAL DESCRIPTION OF ORGANIZATION, OBJECTIVES, AND SERVICES:**

**AREA SERVED - COUNTY AND/OR COMMUNITY/COMMUNITIES:**

**PERCENTAGE OF CLIENTELE FROM MATTOON:**

**ELIGIBILITY REQUIREMENTS FOR SERVICE FROM YOUR ORGANIZATION:**

**FEES FOR SERVICE (IF ANY):**

**TITLE OF PROPOSED PROJECT:**

**PURPOSE OF PROJECT (WHAT IS EXPECTED TO HAPPEN AS A RESULT OF THE GRANT):**

**DESCRIPTION OF PROJECT (HOW IT WILL BE IMPLEMENTED):**

**INDICATE COMMUNITY IMPORTANCE OF THIS PROJECT AND YOUR ORGANIZATION’S SPECIAL QUALIFICATIONS TO IMPLEMENT AND MANAGE THIS PROJECT (INCLUDE AREA SERVED, ELIGIBLE POPULATION, AND NUMBER OF PERSONS USING YOUR SEVICES DURING THE PAST YEAR):**

**AMOUNT REQUESTED FROM MATTOON COMMUNITY TRUST**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDENTIFY SOURCES AND AMOUNTS OF PAST YEAR’S FINANCIAL SUPPORT AND INDICATE ADDITIONAL FUNDS BEING REQUESTED:**

**LIST OTHER ORGANIZATIONS WITH SIMILAR OBJECTIVES AND SUMMARIZE YOUR COORDINATION WITH THEM:**

**HOW WAS NEED FOR THIS PROJECT DETERMINED AND WHAT EVIDENCE DO YOU HAVE OF COMMUNITY SUPPORT FOR YOUR PROJECT (LIST ANY AGENCIES OR INDIVIDUALS CONSULTED IN DEVELOPING PLANS FOR THIS PROJECT):**

**EXPECTED STARTING DATE AND DURATION OF THE PROJECT:**

**IF THIS PROJECT IS SUCCESSFUL, HOW WILL IT BE FUNDED IN THE FUTURE?**

**HOW WILL GRANT MONIES IMPACT YOUR PROGRAM?**

**BRIEFLY DESCRIBE THE USE AND INVOLVEMENT OF VOLUNTEERS IN YOUR ORGANIZATION:**

**HAS YOUR ORGANIZATION PREVIOUSLY REQUESTED FUNDING FROM THE MATTOON COMMUNITY TRUST? \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO**

**IF “YES” LIST YEAR(S) RECEIVED:**

**\*\*\*DESCRIBE EXACTLY HOW THE GRANT FUNDING WAS SPENT AND HOW YOUR PROGRAM WAS IMPACTED.**

**\*\*\*AMOUNT OF PREVIOUS GRANT(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GIVE ACTUAL ACCOUNTING OF HOW GRANT MONIES WERE EXPENDED**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTACH ONE COPY OF THE FOLLOWING DOCUMENTS TO THE ORIGINAL APPLICATION ONLY:**

1. **CURRENT FINANCIAL STATEMENT**
2. **DETAILED PROJECT BUDGET**
3. **OFFICERS AND DIRECTORS**
4. **IRS TAX EXEMPTION DETERMINATION LETTER with tax ID number.**

**Reporting Requirements:**

**1. Grant money will be disbursed in 2 equal payments of the grant award.**

**2. First payment will be the awarded in the initial grant award.**

**3. Second payment will be disbursed upon the submission and approval of a progress expenditure report, detailing how the grant funding was expended.**

**4. A final expenditure report detailing how the grant was expended needs to be submitted by June 30, 2017.**

**5. If both expenditure reports are not timely submitted, the grantee may not be eligible for future submissions.**

**CERTIFICATION (TO BE SIGNED BY AUTHORIZED ORGANIZATION REPRESENTATIVE):**

**I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, ACCURATE AND CORRECT AND THAT AN ACCOUNTING OF GRANT FUNDS, IF AWARDED, WILL BE PROVIDED TO THE MATTOON COMMUNITY TRUST.**

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 **Signature of Organization Representative Title**

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###  Date

**\*\*\*NEW in 2016\*\*\***