MATTOON COMMUNITY TRUST

**1518 Broadway Avenue**

# Mattoon, IL 61938

**(217) 235-5661**

**The Mattoon Community Trust was created by the Estate of Carrie Young upon her passing in 1984. The Purpose of the Trust is "to provide funds for the betterment of the Community of the City of Mattoon, Illinois and the benefit of its residents." Carrie Young was very interested in projects involving parks and recreation which all members of the community could enjoy. She also built in flexibility of funding for other worthy projects.**

**Please answer each question. Submit original and three (3) copies of the completed form by 5:00 pm, Friday, August 30, 2019. 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:**

**TITLE OF PROPOSED PROJECT:**

**DOES THIS PROPOSED GRANT PROJECT ALIGN WITH THE ORIGINAL PURPOSE OF THE TRUST AS STATED ABOVE?**

**WILL MORE THAN 75% OF THE PROJECT BENEFIT THE COMMUNITY OF MATTOON AND ITS RESIDENTS?**

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

**PROVIDE A DESCRIPTION OF THE PROJECT INCLUDING HOW IT WILL BE IMPLEMENTED:**

**WHAT IS EXPECTED TO HAPPEN AS A RESULT OF THE GRANT AND HOW WILL IT IMPACT YOUR PROGRAM?**

**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 SERVICES DURING THE PAST YEAR):**

**AMOUNT REQUESTED FROM THE MATTOON COMMUNITY TRUST**

**$**

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

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

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

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

**HAS YOUR ORGANIZATION PREVIOUSLY REQUESTED FUNDING FROM THE MATTOON COMMUNITY TRUST? YES NO**

**IF “YES” LIST YEAR(S) RECEIVED:**

**IF YES, DESCRIBE HOW THE GRANT FUNDING WAS SPENT AND HOW YOUR PROGRAM WAS IMPACTED: (INCLUDE ACCOUNTING)**

**AMOUNT OF PREVIOUS GRANT(S)**

**DID YOU TIMELY FILE THE REQUIRED ACCOUNTING AND CLOSING DOCUMENTS AFTER RECEIVING THE PREVIOUS GRANT?**

 **YES NO**

**APPLICATION AND ALL DOCUMENTATION MUST BE RECEIVED BY
5:00 PM, FRIDAY, AUGUST 30, 2019.**

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

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

**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