



**NOT-FOR-PROFIT ORGANIZATION
REQUEST FOR FINANCIAL ASSISTANCE**

To request financial assistance from the Manteno Chamber of Commerce as a supplement to your other program revenues, please submit your completed application including:

1. Financial documentation
2. Letter of reference indicating commitment to this community through service

Submit by mail to:

Manteno Chamber of Commerce
P.O. Box 577
Manteno, IL 60950

Applications should be submitted no later than **December 31** to be considered for funding with disbursement of approved amounts between **March 1 and June 29**.

Applications should be submitted no later than **June 30** to be considered for funding with disbursement of approved amounts between **September 1 and December 30**.

Organizations are eligible for assistance once per calendar year.



YOUR ORGANIZATION

Name of organization: _____

Does your organization hold 501C3 (Federal IRS Not-For-Profit) status? YES NO
If yes, please provide federal acknowledgment letter.

Contact person: _____

Title within organization: _____

Address: _____

Telephone: _____

Email: _____

Website: _____

Social media: _____

Statement declaring the purpose of your organization:

Type of service offered to the community:

History of the growth or utilization of your program(s):

Number of Manteno residents directly utilizing the service: _____

Number of NON-Manteno residents directly utilizing the service: _____

Age group of participants (not including those running the program): *circle all that apply*

- Under 10 yrs old 10 – 15 yrs old 15 – 18 yrs old Adult Senior Adult (60+)



YOUR SERVICE TO THE COMMUNITY

Does your organization provide or participate in local community service opportunities?

Circle one YES NO

If yes, provide additional details below and submit a letter of reference with your application.



FINANCIAL INFORMATION

Participation fees: *(please list)*

Registration fee: Manteno \$ _____ Non-Manteno \$ _____

Other fees: (describe below)

Other sources of revenue to fund organization: *(please list)*

Donations: _____

Other: _____

Are there plans for this activity to become self-funded? *(explain below)*

Amount of donation received from the Chamber last year: \$ _____

Donation was used for:

Amount requested: \$ _____

Date requested: _____

Date of distribution: *(circle one)*

February 1

August 1

Intended use for requested donation:

A copy of your organization's financial statement (as audited) from the previous calendar year **must** be included with this application.

Print name

Signature