

# Waukegan Township Outside Agency Request

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Website of Organization: \_\_\_\_\_

Legal Form of Entity: \_\_\_\_\_

IL Not for Profit; provide a certificate of Good Standing or proof of 501(c)(3) status.

Provide a description of the organization and its mission:

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Amount of Grant Requested: \$ \_\_\_\_\_

Grant Check is written to the organization: \_\_\_\_\_

Please provide a detailed description of how your organization would allocate the funding from Waukegan Township, if awarded. Attach information, brochures, etc., regarding events or services to be provided.

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Specify anticipated benefits to Township residents (include an estimate of the number of Waukegan Township residents to be served):

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Applicant's Signature and Title

Date

*It is strongly encouraged to have a representative present at the meeting to answer any questions.*

**FOR OFFICE USE ONLY**

**GRANTS AWARDED IN PREVIOUS FISCAL YEARS**

<b>Year</b>	<b>Amount</b>

**Grant Approved by Township Board on** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

**Grant Denied by Township Board on** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Marc L. Jones, Supervisor**

**Date**