

**FRIENDS FOR CHARITABLE GIVING, NFP
2020 PLAINFIELD GIVING GALA
GRANT APPLICATION**

Name of organization: _____

Street Address: _____

City: _____ Zip _____ Phone: _____

Is this a 501(c) (3) organization? ____ Tax ID: _____

Name of primary contact: _____

E-mail address: _____

Website URL: _____

Date of organization's inception: _____

If available provide latest annual report or Form 990.

List services provided and to whom:

(Service area must include Plainfield School District 202)

List primary sources and amounts of income:

Amount of grant requested: \$_____

Describe how the grant money will be used:

Please mail application with attachments to: Grant Committee
Friends for Charitable Giving, NFP
PO Box 421
Plainfield, IL 60544