



JOHN T. HOLMSTROM, JR. MEMORIAL GOLF FUND

supporting golf's fine traditions



Please complete application and return it to: Community Foundation of Northern Illinois,
946 N. 2nd St, Rockford, IL 61107 by **April 3**. Please print neatly or type.

Date of Application: _____ **Date Funds are Needed:** _____

Name of Organization: _____
(Should be same as on IRS determination letter)

Year Founded: _____ **Current Operating Budget: \$** _____

Executive Director/President: _____

Contact Person/Title (If different than above): _____

Address: _____

City/State/Zip: _____

Phone Number: _____ **Fax Number:** _____

Email: _____ **Website:** _____

Project Title: _____

Purpose of Grant: _____

Anticipated Project Dates: **From** _____ **To** _____

Total Project Cost: \$ _____ **Amount Requested: \$** _____

Number served by this program in the Greater Rockford Area: _____

PROJECT DESCRIPTION

Please include the following in your description where applicable:
Purpose, locations, target population, substantiation of need, etc.

How does the project promote character development?

Signature, Chairperson, Board of Directors

Date

Signature, Executive Director/President

Date

Attachments:

- Current Federal IRS determination letter indicating non-profit status (First time applicants only)
- Mission Statement of Organization
- List of Board of Directors
- List the major outcomes that you hope to achieve through this program/project
- Budget of all income and expenses for the project using CFNIL's Budget Template for Grantseekers which can be found at www.cfnil.org/grants/budget/