

LAVINA YOUNG TRUST
APPLICATION FOR GRANT

Name of Applicant: _____

Address of Applicant: _____

Telephone Number of Applicant: _____ **RETURN TO FIRST TRUST BY 5/15/2023**

Email Address of Applicant: _____

Contact Person: _____

Federal Employer Identification Number of Applicant: _____

The Applicant certifies that it is a tax-exempt organization or is a unit of local government that would use the Grant for which application is made for charitable, educational, religious or municipal purposes in Iroquois County.

Amount of Grant Requested: _____

Charitable, religious, or educational purpose of Grant:

(If additional space is needed, attach an additional page.)

If a Grant is awarded, the Applicant agrees to use that Grant only for charitable, religious or educational purposes in Iroquois County set forth above. At the completion of the project or use for which the Grant is sought, the Applicant agrees to provide to the Trustee a detailed accounting as to how the funds were spent and to provide any additional information which the Trustee may request to establish that the funds were spent for the charitable, religious or educational purpose for which the Grant was sought. In the event that any funds are not spent for the charitable, religious or educational purpose set forth above, the Applicant shall, upon demand, immediately refund any funds not used for that purpose to the Trust. The undersigned certifies that he or she has authority to sign this application on behalf of the Applicant and to bind the Applicant to the obligations set forth in this paragraph.

Dated this ____ day of _____, 20 ____.

Return Completed Application To:
First Trust and Savings Bank
120 E. Walnut St. P O Box 160
Watseka, IL 60970-0160
815-432-2494

(Authorized officer or agent of Applicant)

(Title)