FACT SHEET - THE CARROLL H. STARR ENDOWMENT CHALLENGE GRANT III

PLEASE TYPE

DATE

Organization Name | Contact Person

Telephone | Title

FUND RAISING PLAN

Fundraising Goal: [A] $ _____

Current funds available: [B] $ _____
(10% of [A])

Balance remaining to be raised to complete endowment objective: [C] $ _____
([A] minus [B])

Challenge grant requested from Community Foundation: [D] $ _____
(1/3 of [A])

Endowment Objective: $ _____
([A] plus [D])

Plan to meet remaining balance [C]

Staff, Trustees $ _____

Corporations/Businesses $ _____

Individuals $ _____

Foundations $ _____

Other _____ $ _____
(identify)

Fund Raising Track Record

Capital (for non-operating purposes) 2012_____ 2011_____ 2010_____

Endowment 2012_____ 2011_____ 2010_____

Operating (paid) 2012_____ 2011_____ 2010_____

Please address all correspondence to:

Community Foundation of Northern Illinois
946 North Second Street
Rockford, Illinois 61107
Ph: (815) 962-2110 Fax: (815) 962-2116

I certify that the information on this form is accurate to the best of my ability and that this agency has raised at least 10% of the Fundraising Goal [A]

_____ _____
Board Chair Date

_____ _____
Executive Director Date

Deadline for submitting application is September 15, 2009

Revised 6/24/2009 JP