

# Lisle Community Service Corporation (L.C.S.C.) Grant Application

**Name of Applicant:** \_\_\_\_\_

**Address for Applicant:** \_\_\_\_\_

- Nature of Applicant:**
- Not for profit Corporation\*
  - Affiliate\*\*
  - Other\*\*

*\*Application must be accompanied by a copy of the most current annual report filed with the Secretary of State. Date of incorporation must also be provided.*

*\*\*Date of Inception must be provided.*

**Explain nature of organization and relationship to any affiliated organization:**

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**Purpose of grant request:**

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**Amount of Request:** \$ \_\_\_\_\_

*On a separate sheet(s) explain how the grant request meets the standards of L.C.S.C.*

These standards are as follows:

- a. The compatibility of the request with the corporate purpose of the Lisle Community Service Corporation to provide assistance to organizations that directly serve and benefit residents of the Village of Lisle.
- b. The direct impact and benefit of such grant upon the residents and citizens of the Village of Lisle.
- c. The financial capacity of the requesting organization for funding from alternative sources; and
- d. The probability of success of the venture or undertaking for which the grant is requested.

Also include the following:

- 1. Attach a copy of the requesting organization's current annual operating budget and financial statements for the past year (if any) and that of any affiliated organization. Failure to provide this information will result in non-approval of any grant request.
- 2. List the amount and purpose of each previous L.C.S.C. grant to the applicant within the past 24 months and explain in detail how each was utilized.

APPLICANT:

\_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Phone (Evening): \_\_\_\_\_

COUNTY OF DUPAGE }  
STATE OF ILLINOIS }

\_\_\_\_\_ being first duly sworn, on oath deposes and says that (s)he is the \_\_\_\_\_  
\_\_\_\_\_ of Applicant and that the statements made in this Application and the attachments thereto are true and  
correct in substance and in fact.

\_\_\_\_\_

(Sign Name)

Subscribed and sworn to

before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

Notary Public

Application and accompanying materials should be mailed to:

Lisle Community Service Corporation  
PO Box 3354

Lisle, Illinois 60532