

175 West Jefferson Street • Joliet, IL 60432 • Phone: 815-726-4781 • Fax: 815-726-4785 • www.joliettownship.net

## APPLICATION FOR SENIOR CITIZEN TAX LEVY FUNDS

This information will be used by the Joliet Township Board as a basis for the determination of fund allocations from the Joliet Township Government's Senior Citizen Tax Levy.

NAME OF ORGANIZATION:			
WHEN ESTABLISHED:	(Minimum 1 Year)		
MAILING ADDRESS			
PRESIDENT:	_ PHONE #:		
EMAIL ADDRESS:			
TREASURER:	_ PHONE #:		
EMAIL ADDRESS:			
TYPE OF ORGANIZATION (Check one):			
PRIVATE NOT-FOR-PROFIT PRIVATE FOR-PROFIT GOVERNMENT			
DO YOU HAVE 501 (c) (3) STATUS? YES NO			
BUDGET FOR CURRENT FISCAL YEAR: \$			
TOTAL AMOUNT OF FUNDS REQUESTED: \$			
HAVE YOU RECEIVED FUNDS BEFORE? YES NO			
TOTAL MEMBERSHIP IN ORGANIZATION:			

## **SOURCES OF REVENUE FOR ORGANIZATION**

UNITED WAY	\$	FEDERA	L \$
STATE	\$	DUES	\$
OTHER SOUR	CES:		
			JRCES: \$
<b>SERVIC</b>	ES & PROGRAMS PR	OVIDED BY	ORGANIZATION
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			LELY FOR THE PURPOSES
- /			20-10 THROUGH 1/220-35
( //			ACTIVITIES WILL BE
	AND PROCEDURES.	IIH SIAIE	AND FEDERAL LAWS,
SIGNATURE		TITL	LE
ORGANIZATION		DAT	E

## REQUIRED ATTACHMENTS

- 1. MOST CURRENT BUDGET AND TREASURER REPORT
- 2. I.R.S. STATEMENT OF TAX EXEMPT STATUS UNDER 501 (c) (3)
- 3. ILLINOIS DEPT. OF REVENUE TAX EXEMPT STATUS LETTER
- 4. DATES OF MEETINGS AND EVENTS FOR 2024-2025
- 5. CERTIFICATE OF INSURANCE
- 6. CURRENT LIST OF MEMBERS & ADDRESSES

<sup>\*\*</sup>If any of the six requirements are missing from your application, please provide a clear and concise written explanation as to why they have been omitted.