


## Self-Certification Checklist for Prospective Grantees

Name of Organization 		Contact Name	
Address	City	State	Zip Code
Phone	Fax	Email	Website
Title of	Grant Amount Requested	Date Submitted	

**The following proposal materials are enclosed:**


- |  |  |
|--|--|
| Cover letter                               | Project and agency budgets for current and previous fiscal years |
| Proposal narrative                         | Agency year-to-date financial statements                         |
| Audited financial statements               | A list of current project and agency funders (with amounts)      |
| Board of Directors list                    | Race and gender breakdown of staff and board                     |
| IRS 501(c)(3) nonprofit designation letter |  |

**My organization can be included in one of the following areas:**


- |                           |                           |             |        |
|---------------------------|---------------------------|-------------|--------|
| Community Welfare         | Culture                   | Environment | Health |
| Urban & Community Affairs | Education <i>specify:</i> |             |        |

*If your organization is not included in one of the above areas, your organization may not be eligible for consideration.*

**A majority of the people served by my organization reside in Chicago:** Yes No

*If you answered no, your organization may be ineligible for consideration.* 

**We are seeking a grant for the following:**

- |   |           |                 |                      |
|---|-----------|-----------------|----------------------|
| Capital  | Operating | Program/Project | Technical Assistance |
| Renewal of a prior grant  |           |                 |                      |

**My organization is more than five years old and is seeking operating funds:** Yes No

*If you answered yes, your organization may be ineligible for consideration.*

**My organization is working with a fiscal agent on this proposal:** Yes No


*If you answered yes, the fiscal agent information should be included on the second sheet of this form.*

**In completing this form, I certify that funds are not being sought for the following reasons:** Medical research or health agency appeals, propaganda or influencing legislation, conferences, seminars or meetings, fundraising events or advertising, religious appeals, other grantmaking agencies or foundations for distribution to agencies or programs, operating support for neighborhood health centers or clinics, day care centers for children, or small cultural groups, endowments, individuals, profit-making organizations, cost of printed materials, video or computer equipment, elimination of accumulated operating deficit, disease-specific voluntary associations, an arts program other than outreach to disadvantaged populations, centralized parent training, assistance to overall administration of the Board of Education, scholarships, operating needs to local school councils, repairs/improvements to public schools, or degree-granting programs for teachers.

**Please return this form with your proposal to the Field Foundation of Illinois,  
200 S. Wacker Drive, Suite 3860, Chicago, Illinois 60606.**



## Supplemental Fiscal Agent Information

Name of Fiscal Agent		Contact Name	
Address	City	State	Zip Code
Phone	Fax	Email	Website

Is the fiscal agent currently receiving Field Foundation support?    Yes    No

Has the Fiscal Agent received Field Foundation support in the past?    Yes    No

If yes, what was the date of the latest grant? \_\_\_\_\_

Additional information: