



**State Bank**  
 FOUNDATION

The State Bank Foundation will support art, health, youth and educational programs that make a positive difference and encourage meaningful and sustainable change within the communities we serve.

## Grant Application

The State Bank Foundation supports 501(c)(3) organizations serving citizens in Freeport and Stephenson County.

Has your organization been awarded 501(c)(3) status from the Internal Revenue Department? \_\_\_\_\_

Organization name: \_\_\_\_\_ Contact name: \_\_\_\_\_

Address City State Zip Phone E-Mail

Mission/purpose of organization:

Short description of program/project requesting funding for:

Program/project goals:

How many people will benefit from this program/project? \_\_\_\_\_ Location of population to be served? \_\_\_\_\_

Amount of funding requested\*: \_\_\_\_\_ Total program/project budget: \_\_\_\_\_

Please state the projected timeframe of the program/project: \_\_\_\_\_

Amount of funding requested or received for this program/project from other sources? \_\_\_\_\_

Source: \_\_\_\_\_ Would this program qualify for matching funds? \_\_\_\_\_

If projected funding from other sources is not received, what are the plans for the program/project?

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By submitting a grant request application, the recipient hereby authorizes State Bank Foundation (SBF) and State Bank to use any and all photographs of any member of recipient's organization related to the receipt of any grant from SBF. This release shall apply to all printed materials, including newspapers; and all digital media, including websites and Facebook pages.

Signature of organization's Executive Director:

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Print name of Executive Director:

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Signature of contact person:

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Print name of contact person:

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Signature of organization's Board President:

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Print name of Board President:

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Date:

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Attach additional sheets or supporting documents if needed for further program description.

\*Please note a follow-up report will be required 30 days upon completion of the program/project if a grant is awarded.