

# Old Capitol Foundation Grant Application Cover Sheet

Organization

Address

Authorized Contact Person

Daytime Phone

Fax

Email

Check Payable To

Mail To Address ( if different from above )

Project Name

Proposed Project Location ( if applicable )

Amount Requested

Total Project Budget

## Certification

In submitting this application, the applicant agrees to the following:

1. The applicant will spend funds solely for the purposes stated in the application and will refund the unexpended portion of such funds, if any.
2. The applicant realized that payment of funds granted will be at the convenience of the Foundation, including cancellation of the grant and/or modification of previously agreed upon payment schedules should such cancellation or modification be deemed necessary by the Foundation.
3. The applicant understands that the Foundation, in researching this grant application, may review any and all of the information submitted, or request additional information, as part of this request with advisors of the Foundation's choosing, if deemed necessary by the Foundation.
4. Incomplete proposals will not be considered.

**Authorized Signature**

**Date**

Please direct questions regarding this grant application to the Trust Department at [trust@thefnb.com](mailto:trust@thefnb.com) or 618-283-9860. Completed applications should be postmarked **no later than 4 pm on March 1<sup>st</sup>** and mailed to The FNB Community Bank Financial Center, 311 Banker Blvd., Vandalia, IL 62471.