



Community Care Project Grant Request Form

Name _____ Title _____

Organization _____

Address _____

Phone _____ Email _____

Website _____

Please answer the questions below and attach additional information if appropriate.

How much money are you requesting? _____

Have you received financial support from FCAI in the past? yes no

If yes, please explain.

What will the requested grant be used for?

Please provide a budget of how the grant money will be spent, including contractors being used (if applicable.)

Please provide background information about your organization.

Submit this form by Friday, May 29, 2009 to FCAI Community Care Project
c/o Christine L Shay, dba/design & marketing
4410 N. Miller Ave, Peoria Heights, IL 61616 309 740-9717
cshay@dba-designteam.com

Contact Bernie Wright at 309 261-3453 with any questions.