THE Chicago	flnquiry	For Internal Use OnlyAcknowledgment sent:Inquiry #:LOI accepted:YES / NOResponse sent:
Send to Grants Manager, T	he Chicago Community Trust, 111 East	Wacker Drive, Suite 1400, Chicago, Illinois 606
This is an inquiry to subm Please type all answers.		Chicago Community Trust ago Area Foundation for Legal Services
Legal Name of Organizatio	n:	
Address of Organization:		
City:	State:	Zip Code:
Telephone:	Fax:	Web Site:
Executive Director/Chief E	xecutive Officer:	Title:
Telephone:	Fax:	E-mail:
Contact Person for this app	lication (if different from name above):	
Telephone:	Fax:	E-mail:
Please describe the purpose	e for which a grant is requested in the sp	pace below.

 Amount Requested: \$ Period of time in which funds will be spent: from 	to	
2. Organization's Total Budget: \$	Fiscal Year:///	_to/
3. Project's Total Budget (if applicable): \$		
4. Geographic Area Served by Organization:		
5. Target Population, and Approximate Number Served A	Annually:	
6. Last Grant Received from the Trust: Date Purpose:		
-		
7. Please describe the principal purposes and services of	the organization.	
	-	
2 = 1 stars from IDS staring 501(2)(2) stars stars. Ver	Na (alassa secolo secol	
8. Letter from IRS stating 501(c)(3) tax status: Yes	_ No (please attach copy)	
	_ No (please attach copy)	
 8. Letter from IRS stating 501(c)(3) tax status: Yes Signature of Executive Director/Chief Executive Officer 	_ No (please attach copy) Date	e
		e