



External Fundraising Request

Instructions: If your organization is interested in soliciting donations at CIMIC, complete this form. You may submit your request with supporting documentation to finance@cimic.org (include organization name in subject line) or by mail to:

Central Illinois Mosque & Islamic Center
 ATTN: Finance Committee
 106 South Lincoln Avenue
 Urbana, IL 61801

Expect 4 to 8 weeks from receipt of your request for processing.

Before proceeding please familiarize yourself with [CIMIC's External Fundraising Policy](#). Questions may be directed to finance@cimic.org.

Organization Name:		Tax ID Number:	
Alternate Name (if any):		Acronym:	
Mission Statement:			
Principal Place of Business:	STREET		
	CITY	STATE	ZIP+4
Mailing Address:	STREET		
<input type="checkbox"/> Same as above	CITY	STATE	ZIP+4
Phone:		Email:	
Fax:		Website:	
Prior Relationship with CIMIC (if any):			

Eligibility: Organization is eligible under Internal Revenue Code § 501(c)(3) to receive tax-deductible charitable contributions as shown by...

- S** Current IRS certification letter (attach copy)
e [IRS Exempt Organizations Select Check](#)
l Other: _____
e _____
c _____
t _____
o _____
n _____
e _____

- If "Other" also select all that apply**
- Organization maintains its principal place of business within East Central Illinois
 - Organization is an office, department, allied agency, or registered organization of University of Illinois
 - Organization is an office, department, allied agency, or registered organization of Parkland College
 - All funds disbursed by CIMIC will be expended solely for construction of a mosque or Islamic center within the United States

Project: Describe in detail the purpose for which organization wishes to solicit donations at CIMIC.

**Contributions Sought
(select all that apply):**

Monetary

Non-monetary (specify): _____

Additional pages attached.

Personnel: Identify all members of organization’s governing body and senior management and any other key employees (whether paid or voluntary). If organization has more key personnel, attach additional pages using the same format.

1	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
2	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
3	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
4	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
5	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
6	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
7	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
8	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
9	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	

¹⁰	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
¹¹	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
¹²	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
¹³	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
¹⁴	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
¹⁵	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
¹⁶	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
¹⁷	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
¹⁸	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	

Additional pages attached.

Affiliates: Identify any entity associated to organization as parent, subsidiary, or subcontractor. For each affiliate, complete and attach [Schedule A](#). If organization has more affiliates, attach additional pages using the same format.

¹ Affiliate Name:		Relationship:	
² Affiliate Name:		Relationship:	
³ Affiliate Name:		Relationship:	

Additional pages attached.

References: Organization may identify up to 2 CIMIC members willing and able to act as references.

¹ Name:		Relationship to Organization:	
Address:	STREET		
	CITY	STATE	ZIP+4
Phone:		Email:	
² Name:		Relationship to Organization:	
Address:	STREET		
	CITY	STATE	ZIP+4
Phone:		Email:	

Other: Elaborate as needed on information already provided, or provide any additional information that organization would like CIMIC to consider.

Read and initial each item.

____ I have read and understood and agree on behalf of the above-named organization to abide by [CIMIC's External Fundraising Policy](#).

____ I attest that every reasonable effort has been made to provide the information requested and that all information provided above and in any supporting documentation submitted with this request is complete and accurate to the best of my knowledge.

____ On behalf of the above-named organization, I agree that all information provided above and in any supporting documentation submitted with this request may be disclosed to third parties or used in any other manner that CIMIC or its agents deem fit.

____ On behalf of the above-named organization, I agree that all contributions received through CIMIC pursuant to this request shall be used solely for the purposes set forth herein.

Signature:		Date:	MM/DD/YYYY
Name:		Position:	
Phone:		Email:	

CIMIC USE ONLY

Received:	MM/DD/YYYY	Reviewed:	MM/DD/YYYY
Committee Recommendation:	<input type="checkbox"/> Approve <input type="checkbox"/> Deny MM/DD/YYYY	Board Action:	<input type="checkbox"/> Approve <input type="checkbox"/> Deny MM/DD/YYYY
Comment:			