



APPLICATION FOR GRANT

Area nonprofit organizations, churches, or schools (in Macon County) who are working to make a meaningful impact in their communities are invited to apply for this year's **Young Leaders in Action Grant Program**. This season's theme, ***Meeting Basic Needs for Student Success***, supports projects that help ensure students feel safe, clean, comfortable, warm, and ready to learn.

To apply, an authorized designee of the eligible organization should complete this form and **submit it to YLIA via email to tjoyner@heartofillinois.org from December 20, 2025 - January 20, 2026**. Selected award recipients will be announced in February 2026. Contact Temethia Joyner at tjoyner@heartofillinois.org or call the Heart of Illinois Community Foundation at 217-429-3000 with questions.

Your Name _____ Email _____

Position _____ Phone _____

Organization Name _____

Organization Address _____

City _____ State _____ Zip Code _____

ORGANIZATION INFORMATION

Mission Statement *Please include your organization's mission statement in the space provided.*

Total # of Staff _____ # of Full-Time Staff _____ # of Part-Time Staff _____

Total Organization Budget (Annual) \$ _____ Project Budget \$ _____

Nonprofit Status _____ Tax Identification Number _____

Fiscal Agent *(if applicable)* _____

Please briefly describe who your organization serves and how:

**PLEASE NOTE: These funds are intended for programs supporting students' basic needs that are upcoming in 2026, not those which have already occurred. Grants are awarded to the organization and cannot be awarded to an individual.*

GRANT INTENT

Eligible nonprofit organizations, churches, or schools (in Macon County) are able to apply for up to a \$1,000 grant award per organization to help fund projects that help ensure students feel safe, clean, comfortable, warm, and ready to learn. *This process will award \$5,000 in grant funds overall.* In the space provided, please provide a description of the project you hope to utilize these funds for and include how your program would benefit from receiving a grant.

Description of Project:

Date(s) or Time Period for Project: _____

Location (as applicable): _____

Total Cost of Project: \$ _____

Total Amount of Organization's Contribution to Project: \$ _____

Amount Requested for this Grant: \$ _____

Request Summary

Please summarize how you would use these grant funds in the space provided. Include an itemized budget as an attachment.

SUPPORTING DOCUMENTATION *Please provide the following attachments with your application:*

- A copy of your IRS Letter of Determination
- Any helpful supporting documentation.
- Itemized budget for this project.

**PLEASE SUBMIT YOUR COMPLETED APPLICATION TO YLIA
BY JANUARY 20, 2026 VIA EMAIL TO
TEMETHIA JOYNER AT tjoyner@heartofillinois.org**