Name: Kristin Zika
Occupation/Employer: Local organization name
Position: EIN name
Position Title: submitter position
Organization Mission: Mission of organization
Email: zika.kb@gmail.com
Address: 1002 W. Wonderview
Address 2:
City: Dunlap
State: IL
Zip: 61525
Organization Website: Website
Organization Federal EIN: XXXXXXXXXXXXXXX

Subject: 2) Ignite Grant

Organization Financial Review Type: Independent EIN

Proposal ID#: 124690115

Organization Name: Enter Organization Name For Financial Review

Year Agency Established

What year was the local organization, which will be applying for the ICI grant, established?

Year 501(c)3 designation rec

Total Revenue

- If greater than $1.5 million, you qualify for the Impact Grant.
- If between $300,000 and $1.5 million, you qualify for the Ignite Grant.
- If less than $300,000, you qualify for the Inspire Grant.

Total annual revenue

this field is mandatory

Revenue Diversification

Did a single donor or single grant account for 50% or more of your organization's total revenue in any of the past three (3) years? If so, identify the year(s) and the amount from that donor or grant in each of the years.

If a single donor or grant accounted for more than 50% of your revenue in any of the last three years, please note that here, along with the

amount from that donor or grant in each of the years.

Number of Employees

How many FTE (full-time equivalent) employees does your organization have?

FTEs

IRS 990 Filing Requirement

Is the agency required to file a 990 annually with the IRS?

Yes - 990

Pending Litigation

(This field will only be seen by admin)

Is there any pending litigation involving your organization or have there been any legal judgments against your organization in the past three years? If yes, please explain.

This field will only be seen by administrative screener, but please share any pending litigation or legal judgments and explain the current situation.

Organizational Changes

Has the organization undergone an organizational restructuring (including a merger with, or spin-off from, another agency, creation of, or re-absorption of an affiliate or affiliates) in the past 5 years? If yes, please explain, including the legal name and EIN of all other agencies that have been merged out of existence as a result of any restructuring. Please also describe the effect of any such activity on your agency's financial information.

Please list organizational restructuring, mergers, acquisitions, etc.

Chapter or Branch of Larger Organization

Is your organization a chapter or branch of a larger (regional or national) agency or organization? If yes, what is the name of the larger organization? Please explain the nature of your relationship with the larger organization of which you are a chapter or branch. Include a description of the nature of the financial support given by the larger organization to your organization.

Branch organization information

☐ **Consolidated Financials**

For financial reporting, please check here if your organization consolidates financials with the larger organization (balance sheet, income statement and 990)? (If yes, you will be required to complete the ICI Financial Review Template with your local financial information)

Primary County of Operation

In which counties, listed below, does your organization have significant operations? Organizations must serve the Central Illinois Tri-County region of Peoria, Tazewell, or Woodford counties.

- ☐ Peoria
- ☑ Tazewell
- ☐ Woodford

select 0 to 3 options

Insurance Coverage

Does the organization have current adequate insurance coverage (Director & Officers liability, liability, auto, and property) given the nature of the operations?

no

Insurance Coverage - Further Explanation

If you answered "no" to the previous question, you may, but are not required to, provide an explanation below.

If answer no to proper insurance coverage, please explain the situation and reasoning for no insurance

Further Explanation

Please use this space to further explain or clarify anything about the organization or financial reporting, or other responses on this

questionnaire, as you feel necessary (significant growth or reduction in receipts, selling or buying of assets, etc.)

Our FRC teams will be reviewing three years of your financial data as due diligence to assess your organization's ability to receive and implement an ICI grant and because of our commitment to stewardship of our members' contributions. Please feel free to add anything you feel will make their assessment more complete.

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