



A Service of the
Council of Islamic Organizations
of Greater Chicago

Zakat Assistance – Organization Application

NOTICE OF CONFIDENTIALITY: This Zakat Form includes Confidential Information intended only for restricted, internal use by authorized personnel exclusively for evaluation of Zakat requests. Unauthorized use, copying, distribution or dissemination is strictly prohibited.

INSTRUCTIONS: This form is to be completed by any organization or project seeking Zakat funding from Zakat Chicago. Any Weekend Schools should use the separate Weekend Islamic School Funding form.

Upon receipt of this completed application, a member of the CZC will contact the individual(s) listed below to provide a timeline for processing of this application.

(Shaded Area for Office Use Only) >> Organization Code: Reference Number:

Part 1 – Organization Name:

Organization Name _____ Telephone: _____
 Tax-Id Number _____ (Area Code) Phone Number
 Yes _____ No _____
 Are you a 501 c (3) organization?

Address: _____
 City: _____ State: _____ Zip: _____
 Primary Phone: _____ Secondary Phone: _____
 E-mail: _____
 Website: _____

Section 1: Organization Contact

Contact Name: _____
 (Last) (First)
 Contact Title: _____
 Contact Phone: _____
 Contact E-mail: _____

Section 2: Funding Request

Amount Requested: _____

Please attach a copy of your complete project budget. This may be a one-time event budget or annual operating budget depending on the nature of the funding request.



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Part 2 – Questionnaire

Please answer each question to the best of your knowledge.

Q1	Please provide (at a high level) a brief history of the organization and what your organization does?
A1	
Q2	Please describe in what manner your organization obtains funding / income (i.e. government, private, other)?
A2	
Q3	Please describe how the budget process works in terms of allocating funds to multiple initiatives?
A3	
Q4	What are the different programs / services that are offered by your organization?
A4	



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Q5	In your opinion where do you feel your organization could use the most help?
A5	

Please feel free to attach additional information or exhibits for our consideration of your application.

I understand that the application information provided on this form is true and accurate to the best of my knowledge and consent to use in connection with this request for Zakat.

Contact Name: _____

Signature: _____

Date: (mm/dd/yyyy): ___/___/_____

OFFICE USE ONLY

Part 3: Plan for Funding

CZC Comments: _____

Allocation of Zakat Funds: _____

Zakat Fiscal Year: _____

Signature: _____

(Chairman's Signature)

Date: (mm/dd/yyyy): ___/___/_____

Zakat Committee Project Coordinator: _____

Date Paid: ___/___/_____

Signature: _____

Amount Paid: \$ _____

(Treasurer's Signature)

Check Number: _____