



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	<input type="text"/>	Telephone	<input type="text"/>
Tax ID Number	<input type="text"/>	Are you a 503(c) organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address (Line 1)	<input type="text"/>	City	<input type="text"/>
Address (Line 2)	<input type="text"/>	State	<input type="text"/> Zip <input type="text"/>
Primary Phone	<input type="text"/>	E-Mail	<input type="text"/>
Secondary Phone	<input type="text"/>	Website	<input type="text"/>

**Section 1 – Organization Contact**

Contact Name    
Last Name First name

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.

<b>Q1</b>	Please provide (at a high level) a brief history of the organization and what your organization does?
<b>A1</b>	

<b>Q2</b>	Please describe in what manner your organization obtains funding / income (i.e. government, private, other)?
<b>A2</b>	

<b>Q3</b>	Please describe how the budget process works in terms of allocating funds to multiple initiatives?
<b>A3</b>	

<b>Q4</b>	What are the different programs / services that are offered by your organization?
<b>A4</b>	

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



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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: [text box]

Title: [text box]

Signature: [text box]

Date (mm/dd/yyyy): [text box] / [text box] / [text box]

OFFICE USE ONLY

Part 3 – Plan for Funding

CZC Comments

[Large empty text box for CZC Comments]

Allocation of Zakat Funds: [text box]

Zakat Fiscal Year: [text box]

Signature: \_\_\_\_\_

(Chairman's Signature)

Date (mm/dd/yyyy): [text box] / [text box] / [text box]

Zakat Committee Project Coordinator: [text box]

Date Paid (mm/dd/yyyy): [text box] / [text box] / [text box]

Signature: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

(Treasurer's Signature)

Check Number: \_\_\_\_\_