Applicants actually have to enter the letters “N/A” into the text boxes, not leave them blank.
In order to submit an application, you must certify that your Organization Profile is complete and up-to-date. LOIs and applications cannot be submitted until your Organization Profile is complete and certified. We encourage you to review your Organization Profile regularly and keep contact details up-to-date, leaving fewer steps to complete before an application deadline.

You may complete the tabs in any order. You can save your progress by clicking on the "Save" button. Be sure to save your work frequently.

The Organization Profile uses pop-up boxes to collect some information. Be sure to enable pop-ups in your web browser to ensure you are able to access all sections of the online form.

Please use whole numbers. The system doesn’t accept decimals, symbols, special characters and blank spaces before or after a number. Character limits are indicated for any field that has them.

When you have completed every section and question in the Organization Profile, click the “Check for Errors/Certify” button. If complete, this action will save and certify your Organization Profile. If any information is missing or incomplete, the system will tell you what needs to be corrected/completed.

**Is your organization a 501c3 tax-exempt entity?**

Select the appropriate option below to indicate whether your organization is a 501c3. If your organization uses a fiscal sponsor, click NO. Once you have made a selection, click “Save” and then “Update Organization Registration” below.

○ Yes  ○ No

**Fiscal Sponsor Legal Name**

If you are a non-501c3 organization that uses a fiscal sponsor to receive grants, you must enter the name of your fiscal sponsor organization in the search bar for this question. If your fiscal sponsor has a GrantCentral profile, the name will populate as you enter it in the search bar. If your fiscal sponsor does not have a profile in GrantCentral, they must create one in order for you to submit a grant application and receive grant funding. Contact your fiscal sponsor to ask them to create a profile in GrantCentral as soon as possible.

Legal Name: [N/A]

Business As (DBA) Name:

* EIN:  

Primary Address:  

If you provided in-person, on-site services at a location(s) other than your headquarters in the last year, please list the addresses (street, city, state, zip):

*N/A

**Year Established:**  

Upload a Fiscal Agent Letter of Agreement:  

**Select NTEE Code:**

The National Taxonomy of Exempt Entities (NTEE) system is used by the IRS to classify nonprofit organizations. To find the code(s) that classify your organization, visit https://iresearch.guidestar.org/Help/ntee-codes. Once you have determined the right code(s) for your organization, begin typing the name of your code into the search bar and select the correct code from the options that populate. Be sure to type the NAME of the code and NOT the numerical code in the search bar (i.e. “Arts Education” instead of “A25”).
Does your organization primarily: (select all that apply)

- Provide direct services
- Conduct policy and advocacy efforts
- Offer technical assistance, coaching, or training

* Community Demographics

Click the blue Open button to complete the table. Input the number of individuals that your organization served by demographic in its most recent fiscal year, using registration data, sign-in sheets, etc.

Open and follow the instructions to enter that you do not collect this data

* Broad Location Served

Select the location of the beneficiaries that your organization serves or impacts. For policy organizations, select locations that are relevant to your efforts. Choose all that apply.

- City of Chicago
- Cook County
- Will County
- Lake County
- DuPage County
- McHenry County
- Kane County
- Kendall County
- Illinois
- Nationwide
- International

* Who are the populations of focus for your organization?

Select the primary beneficiaries or populations that your organization serves. Select all that apply. (Note: Population categories will be updated and refined based on your feedback. Please include missing categories in the "other" category. Email learning@ctc.org with recommendations or suggestions to include in future versions.)

- Activists
- Asylum seekers
- Domestic workers
- Emergency responders
- Farmers
- Military personnel
- People experiencing hunger and/or food insecurity
- People involved with justice system
- People who are survivors (crime and abuse, disaster, conflict and war)
- People who identify as LGBTQ+
- People with diseases and illnesses
- Refugees
- Returning Citizens
- Students
- Young adults who are out of work and school
- Widows and widowers
- Adults
- Children
- Economically disadvantaged people
- Entrepreneurs
- Immigrants and migrants
- Non-profit leadership and staff
- People experiencing housing instability
- People living with mental health issues
- People who are unemployed
- People who identify with a particular race(s)
- Policymakers
- Religious groups
- Self-employed people
- Transgender and Gender Non-Conforming (TGNc)
- Youth
- Artists and performers
- Community Organizers
- Educators
- Families
- Indigenous peoples
- Parents and Caregivers
- People experiencing homelessness
- People living with substance misuse
- People who are underemployed
- People with disabilities
- Pregnant people
- Retired people
- Sex workers
- Veterans
- Youth who are out of work and school
* Provide your organization mission and vision statement.

578 characters left

* The Trust's vision is a thriving, equitable and connected Chicago region where people of all races, places and identities have the opportunity to reach their potential. Please describe how your organization's mission, activities, and outcomes contribute to that vision.

N/A

1500 characters left

* Provide a brief summary of your organization's history.

2141 characters left

* Briefly describe your organization's current programs and activities.

465 characters left

* Describe your organization's recent significant accomplishments or milestones (within last five years).

N/A

1500 characters left

* Describe any internal and external efforts your organization is currently undertaking or plans to undertake to incorporate diversity, equity, and/or inclusion (DEI) into its policies, practices, and programs.

N/A

1500 characters left

* Describe how the demographics of the community and/or individuals that your organization serves are reflected in the composition of your staff and Board.

N/A

1500 characters left

* Describe how your organization incorporates the perspective and lived experience of the community and/or individuals that you serve.

N/A

1500 characters left
Brief Bio of the Leadership Team

Click the blue Open button to complete the table. Complete the Leadership Team table by inputting the full name, title, and a short bio (approx. 4-5 sentences) for each member of your organization's leadership team.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Title</th>
<th>Short Bio</th>
</tr>
</thead>
</table>

Board Members

Click the blue Open button to complete the table. Complete the Board Member table by inputting the full name, role, professional affiliation and residence for each member of your organization's board.

<table>
<thead>
<tr>
<th>Board Member Full Name</th>
<th>Role on Board</th>
<th>Professional Affiliations</th>
<th>City, State of Residence</th>
</tr>
</thead>
</table>

Staff and Board Demographics

Click the blue Open button to complete the table. Note: Demographic categories will be updated and refined based on your feedback. Organizational demographic data will inform us about the diverse, representative and inclusive staffing practices of our potential and current grantees. We recognize that you may not collect all of this data. If you do not currently collect the data, please mark that box with a 0 (zero). We do not expect you to develop new data collection practices to complete the table; however, we are happy to provide technical assistance to organizations interested in expanding their data collection practices. Please email learning@cct.org with recommendations or suggestions to include in future versions.

<table>
<thead>
<tr>
<th>Total Number of Full-Time Staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Part-Time Staff:</td>
</tr>
<tr>
<td>Total Number of Volunteers:</td>
</tr>
<tr>
<td>Total Number of Senior Staff:</td>
</tr>
<tr>
<td>Total Number of Board Members:</td>
</tr>
</tbody>
</table>

* Describe your Board and the role it plays in planning, fundraising, and financial oversight. How are decisions made?
### Organizational Budget

Please provide the numbers from your most recent audit or 990. **Please do not enter decimals, commas or dollar signs.** The three years should be consecutive.

List your revenues, expenses (categorized as program, general, administrative, and fundraising), surplus, deficit, and net assets.

<table>
<thead>
<tr>
<th>Year prior to most recently completed fiscal year</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audited:</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Revenue:</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Surplus / (Deficit):</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Net Assets:</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**What is the percentage of administration costs for your organization's budget:**

- Click Save to update the calculated field(s) above
- Organization has more than 10% administrative costs

If there is a deficit or other major changes over the past three years, please explain why.

729 characters left

### Funding Sources

For the previous year, please provide the names and dollar amounts of the top five sources of funding for your organization, including government contracts, foundations, corporations, individual donors, and earned income.

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source 1:</td>
<td>$</td>
</tr>
<tr>
<td>77 characters left</td>
<td></td>
</tr>
<tr>
<td>Source 2:</td>
<td>$</td>
</tr>
<tr>
<td>59 characters left</td>
<td></td>
</tr>
<tr>
<td>Source 3:</td>
<td>$</td>
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<td>86 characters left</td>
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<tr>
<td>Source 4:</td>
<td>$</td>
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<tr>
<td>80 characters left</td>
<td></td>
</tr>
<tr>
<td>Source 5:</td>
<td>$</td>
</tr>
<tr>
<td>94 characters left</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

**Click Save to update the calculated field(s) above**

* Does your organization use a financial management system?
  - Yes
  - No

* Has your organization had any instances of fraud, malfeasance, or financial mismanagement within the last five years? If yes, describe how it was managed.
Every organization needs to click the certify button themselves. You won’t be able to click certify if you don’t follow the above instructions.