

**Zakat Assistance – Funding Application Form – Food-related Programs**

*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.

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

\_\_\_\_\_ New Application      \_\_\_\_\_ Renewal Application (of an Application previously approved by Zakat Chicago)

**Part 1 – Organization Information:**

\_\_\_\_\_  
(Organization Name)      Telephone: \_\_\_\_\_  
(Area Code) Number

Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_      Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

**Organization Contact**

Contact Name: \_\_\_\_\_  
(Last)      (First)

Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

**Part 2 – Questionnaire**

Please answer each question to the best of your knowledge.

<b>Q1</b>	<b>In general, please describe what your organization does and what services are offered to community members?</b>
A1	

<b>Q2</b>	<b>Please list all sources of funding / income (i.e. government, private, other) that your organization receives for all projects? Please provide a current financial statement.</b>
A2	

<b>Q3</b>	<b>Please describe the specific project for which your organization is requesting zakat funds? How much funding is being requested from Zakat Chicago? Are there other sources of funds that are supporting this project?</b>
A3	

<b>Q4</b>	<b>How many people / families will benefit from this project? Specifically, how much money is being requested per individual or per family in this project? Please breakdown the expected cost per person. If your organization is receiving funds for this project from other sources, please identify the shortfall in funds per individual / family or for the entire project.</b>
A4	

Q5	Please provide a detailed breakdown of what the zakat funds requested will be utilized for?
A5	

Q6	Is your organization a registered IRS Section 501 (c) (3) organization?
A6	

<b>Q7</b>	<p><b>In what region of the Chicago area is your organization located?                  What types of individuals will benefit from this project?                  How much is the total need in the community for this assistance? How many could be helped, if money was no object.</b></p>
A7	

<b>Q8</b>	<p><b>Organizations receiving funding from Zakat Chicago are indeed supporters of our mission to institutionalize Zakat in the Chicago area. It is expected that such organizations will promote Zakat Chicago and its mission..                  Please list the methods your organization is willing to use to promote Zakat Chicago.</b></p>
A8	<p>Please indicate below the cooperation your organization is willing to extend to Zakat Chicago. The items below you agree to <b><i>will be considered your commitments</i></b> if ZC approves your application in full or in part. Will your organization –</p> <ol style="list-style-type: none"> <li>1. <u>Yes / No</u> - Place the Zakat Chicago logo on its website?</li> <li>2. <u>Yes / No</u> - List Zakat Chicago as a sponsor or partner in its promotional materials, especially for the projects sponsored?</li> <li>3. <u>Yes / No</u> - Publish one page of Zakat Chicago’s promotional; material in your organization’s annual report or the annual banquet’s program book?</li> <li>4. <u>Yes / No</u> - Forward Zakat Chicago’s promotional email to your metropolitan Chicago email list, especially during the month of Ramadan?</li> <li>5. <u>Yes / No</u> - Is there other promotional assistance that can be provided?</li> </ol>

<b>Q9</b>	<b>How many people do you plan to serve per day? Per week? What will be the cost per meal? How long will each bag of food you give last a person/family? How many meals will it provide?</b>
A9	

<b>Q10</b>	<b>Will the money be spent on food or on other expenses? How much for other expenses?</b>
A10	

Q11	Where will you obtain food from?
A11	

Q12	What type of food will you provide? Will you provide meat?
A12	

Q13	What percentage of your clients will be Muslims?
A13	



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.*

*If this Application is approved, the Organization agrees to:*

- 1. Provide Zakat Chicago with a current financial statement.*
- 2. Maintain a system of receiving, processing and filing written applications from the individuals / families that receive benefits from the zakat funds.*
- 3. Send Zakat Chicago quarterly progress reports (unless agreed to otherwise) listing how many individuals / families have benefited from the zakat funds and how much money was dispersed.*
- 4. Provide the name and contact information for the final recipient of the zakat funds, upon request by Zakat Chicago. Zakat Chicago may, at its discretion, contact the final recipients to confirm the receipt of zakat funds.*
- 5. List Zakat Chicago as a partner or sponsor in its promotional materials, and place the Zakat Chicago logo on its website for the duration of the time period that support is provided.*

Contact Name: \_\_\_\_\_

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

Date: (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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*(For Office Use Only)*

**Part 3: Plan for Funding**

Zakat Chicago  
Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allocation of Zakat Funds: \_\_\_\_\_

Zakat Fiscal Year: \_\_\_\_\_

Signature: \_\_\_\_\_  
*(Chairman's Signature)*

Date: (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_

Zakat Committee Project Coordinator: \_\_\_\_\_

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Date Paid: \_\_\_ / \_\_\_ / \_\_\_\_\_

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

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

*(Treasurer's Signature)*

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