

Downtown Islamic Center (DIC)
Zakat and Sadaqah Application - Organizations
231 South State Street, Chicago, IL 60604

Part 2 – Questionnaire

Please answer each question to the best of your knowledge.

| Q1 | In general, please describe what your organization does and what services are offered to community members? |
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| A1 | |

| Q2 | 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. |
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| A2 | |

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| Q3 | Please describe the specific project for which your organization is requesting zakat funds? How much funding is being requested? Are there other sources of funds that are supporting this project? |
| A3 | |

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| Q4 | 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. |
| A4 | |

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

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

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| Q7 | 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. |
| A7 | |

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/Sadaqah.

If this Application is approved, the Organization agrees to:

- 1. Provide DIC 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 /sadaqh funds, and*
- 3. send DIC quarterly progress reports (unless agreed to otherwise)listing how many individuals / families benefited from the zakat/sadaqh funds and how much money was dispersed.*

Contact Name: _____

Signature: _____

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

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(For Office Use Only)

Part 3: Plan for Funding

DIC Comments: _____

Allocation of Zakat/ Sadaqah Funds: _____

Signature: _____
(Chairman's Signature)

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

Date Paid: ___/___/_____

Signature: _____

Amount Paid: \$ _____

(Accountant Signature)

Check Number: _____