



ILLINOIS MASONIC OUTREACH SERVICES
GRAND LODGE OF A.F. & A.M. OF THE STATE OF ILLINOIS



2866 Via Verde St. Springfield, IL 62703
Office: 217-529-8900 ext. 212 Fax: 217-883-4630
outreach@ilmason.org

Matching Grant Request (Lodges Only)

The participation of each Lodge when identifying and providing assistance to members in need is an integral part of the Illinois Masonic Outreach Services (IMOS) program. Under certain circumstances, One-Time-Payment funding is available to assist a Lodge with these endeavors. The IMOS program offers one dollar of matching funds for every one dollar of **cash** contributed up to \$2,000.00, per recipient, per fiscal year. Approved matching funds will be mailed to the lodge secretary (at the address as listed above). Please note that this match is intended to be given to the recipient in need– NOT to reimburse lodge.

****Please Note- Donated labor does not count toward the Lodge's contribution****

To qualify for a Matching Grant, the following requirements must be met:

- **Application:** Submit completed application attaching any documentation necessary to support the request. While there are no limits on the number of applications submitted in a calendar year, preference will be given to those applications of a critical nature.
- **Maximum Matching Grant:** \$2,000.00 per recipient, per fiscal year.
- **Requirement** - To qualify for a Matching Grant, the Lodge must have made, or anticipates making a contribution in cash or purchased goods which will then be utilized to provide necessary assistance to support an Illinois Mason in good standing, his Spouse or Widow of an Illinois Mason who was in good standing at the time of his death.

Applications should be submitted to: outreach@ilmason.org or by mail to:
The Grand Lodge of Illinois
Illinois Masonic Outreach Services
2866 Via Verde St.
Springfield, IL 62703



IMOS OTP Grant Application
09/17



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Matching Grant Application

Lodge Name _____ Lodge Number _____	Amount Requested: _____
Lodge Secretary Information: <i>(approved matches will be mailed to this address)</i> Name: _____ Address: _____ City: _____ Zip Code: _____ Phone: _____ E-Mail _____	For Office Use Only: Date Received _____ Approved? _____ Date Closed _____ Amount Approved _____ _____ Chmn. Sig. _____
Proposed Request <i>(Please explain how the funds will be used to support Outreach):</i> Member name & M#: _____ Purpose: _____ _____ _____	
Lodge Contribution: Please attach receipts or a copy of the check showing the amount donated by lodge to the recipient in need. Funding will not be released until verification of expense has been submitted. Date: _____ Activity: _____	



IMOS IS AN ILLINOIS FREEMASONRY CHARITY