

**COMMUNITY
FOUNDATION**
OF SOUTH CENTRAL WISCONSIN

PO BOX 544, 600 W. CHESTNUT STREET, BARABOO WI 53913
608-355-0884 WWW.CFSCW.ORG DIRECTOR@CFSCW.ORG

COMMUNITY GRANT APPLICATION

APPLICATION DEADLINE: by midnight August 31

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED,
so please follow instructions on side 2 and check carefully before you submit your application.

ORGANIZATION INFORMATION

Name of Applicant Organization: _____

Address: _____

City/State/Zip: _____ County: _____

Organization Director: _____ Phone Number: _____

Contact Person for Grant: _____ Phone Number: _____

Primary email address _____

Organization's Federal Employer Identification Number (FEIN): _____

Does organization have 501(c)(3) tax-exempt status? _____ Yes _____ No

If yes, include a copy of IRS 501(c)(3) Letter of Determination; if no, please explain:

Date established: _____ Number of employees: _____ Number of volunteers: _____

Briefly describe the organization, mission, community served, and geographic area of service:

Dates of the organization's fiscal year: _____ **Current** fiscal year budget \$ _____

Past fiscal year actual operating expenses \$ _____ **Current** endowment/reserve \$ _____

(over)

PROJECT INFORMATION

Select **ONE** project category: 1) Youth _____ 2) Human Services _____ 3) Health _____
4) Arts/Culture _____ 5) Environmental _____ 6) Other (please describe) _____

Project Title: _____

Total project budget: _____ Amount requested: _____

When are funds needed? _____ Project duration: from _____ to _____

Is this project new or ongoing? _____ If ongoing, when did project begin? _____

Who will benefit from the project? _____

Geographical location of community to be served? _____

Does the organization have a current approved policy stating it does not discriminate as to age, race, religion, sexual orientation, disability, or national origin? Yes _____ No _____

If your organization does not have such a policy, please explain the plan to serve the community in a non-discriminatory manner: _____

Has the organization's governing body authorized this request? Yes _____ No _____

Must be signed by the Board President or another Officer of the organization's governing body:

Signature

Printed Name and Title

Grant Proposal Requirements

I. COMPLETE THIS GRANT APPLICATION FORM

II. PROVIDE PROJECT SUMMARY (do not exceed one page)

- Briefly summarize the proposed project as clearly and succinctly as possible.
- Identify the problem or need to be addressed, the project's objectives, the proposed strategy for achieving them, and how success will be measured.
- Describe how this project will equitably serve the community.
- Identify other principal sources of support and any project partners.
- Describe the public communication plan for the proposed project. The plan should include opportunities to inform the general community about your project as well as recognize the Community Foundation of South Central Wisconsin for its support.

III. PROVIDE PROJECT BUDGET (do not exceed one page)

- Include detailed timeline and project expenses for this grant request.
- Include additional income sources that will support this project.

IV. INCLUDE THESE DOCUMENTS:

- Complete list of the organization's current officers and board of directors, including affiliations.
- A copy of your organization's IRS 501(c)(3) determination letter, if applicable.

Note: We no longer require your organization's financial statements as part of your application, but please be prepared to provide them on request.

Scan all application documents into ONE PDF attachment and email to: director@cfscw.org.
If your organization does not have that capability, contact Robin Whyte at CFSCW for assistance.