

Evansville Fund Grant Application

Application Deadline: April 30th

FOR OFFICE USE ONLY

Date Received: _____

Date Acknowledged: _____

FIMS: _____

Committee: _____

Board date: _____

Approved: _____

Declined: _____

Project MUST provide a direct benefit to the Evansville Community as defined by the school district boundary

Date submitted: _____

Organization or School Name: _____

Organization or School Address: _____

City, State Zip: _____ Telephone: _____

Contact person: _____ Title: _____ Telephone: _____

Contact Person's address: _____

City, State Zip: _____

Federal ID Number: _____

Is the Organization a 501 (c)(3) Yes _____ No _____ (If yes attach a copy of IRS letter)

If no please explain: _____

****If not a 501 (c)(3) please call the Community Foundation of Southern Wisconsin before submitting.**

Please attach the following if applicable:

- Complete list of organization's officers and directors.
- The organization's actual income and expense statement for the past fiscal year, identifying the organization's principal sources of support.
- The organization's 990 for the most recent year.
- Copy of the IRS federal tax-exempt determination letter.
- Attach complete *project* budget.

ORGANIZATIONAL INFORMATION (if applicable)

Date established: _____ Number of full-time employees _____ Number of Regular Volunteers _____

General description of organization & purposes with description of population served and principal geographic area of service. Include summary of last year's service information for this project if it existed.

Explain: _____

What are the dates of the organization's fiscal year? _____ Endowment or Reserve Funds: \$ _____

Total operating expenses for the **past** fiscal year \$ _____ **current** year budget \$ _____

Has the governing board approved a policy which states that the organization does not discriminate as to age, race, religion, sexual orientation or national origin? Yes _____ No _____

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

PROJECT INFORMATION

Project Title: _____
Amount requested: _____ *limit up to \$1,000 Duration of the project: From: _____ To: _____
Total project budget: \$_____ When are funds needed? _____
Who will directly benefit from project? _____
Number of people to be served by this project: _____
Geographical location of people to be served: _____

Briefly summarize the proposed project by answering the following questions:
(Please limit your responses to no more than two pages)

1. Identify the problem or need to be addressed:
2. Identify the project goals or objectives:
3. Identify the proposed strategy to accomplish these goals:
4. Is this a new or ongoing activity on the part of the sponsoring organization? If new, explain.
5. Identify other principal sources of support:
6. How will you publicly acknowledgment the Evansville Fund should you receive a grant award?

This application must be signed by the president or an officer of the organization's governing body OR by the principal or superintendent of school applying.

_____ Signature	_____ Title	_____ Principal or Superintendent of School
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***All applications are processed at the Community Foundation of Southern Wisconsin
Grant award selection is made by the Evansville Fund Advisory Board***

Mail to:
**Evansville Fund
C/O The Community Foundation of Southern Wisconsin
111 N Main Street
Janesville, WI 53545**

If you have any questions, please call the Foundation at 608-758-0883

Evansville Fund is a component of the Community Foundation of Southern Wisconsin, Inc.
Serving Grant, Green, Iowa, Lafayette, Jefferson, Rock, and Walworth Counties
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