

# Monroe Fund

## Grant Application

**Application Deadline: April 15th**

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Date Acknowledged: \_\_\_\_\_

FIMS: \_\_\_\_\_

Committee: \_\_\_\_\_

Board date: \_\_\_\_\_

Approved: \_\_\_\_\_

Declined: \_\_\_\_\_

**Project MUST provide a direct benefit to the Monroe 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 not 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: \_\_\_\_\_ 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 response to no more than 2 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 Monroe 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

Mail to:  
Monroe Fund  
PO Box 733  
Monroe, WI 53566

If you have any questions, please call the Foundation at 328-4060 or 1-800-995-2379.

Monroe Fund is a component of the Community Foundation of Southern Wisconsin, Inc.  
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