

# Lancaster Community Fund Grant Application

**Application Deadline: May 1<sup>st</sup>**

|                            |
|----------------------------|
| <b>FOR OFFICE USE ONLY</b> |
| Date Received: _____       |
| Date Acknowledged: _____   |
| FIMS: _____                |
| Committee: _____           |
| Board date: _____          |
| Approved: _____            |
| Declined: _____            |

**Project MUST provide a direct benefit to the Lancaster 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: \_\_\_\_\_ \*limit up to \$2,000 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 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 Lancaster Community 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

***All applications are processed at the Community Foundation of Southern Wisconsin  
Grant Award selection is made by the Lancaster Community Fund Advisory Board***

Mail to:  
Lancaster Community Fund  
c/o Community Foundation of Southern Wisconsin  
111 N Main Street  
Janesville, WI 53545

If you have any questions, please call the Foundation at 943-8724.

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