



GRANT APPLICATION

Organization Information

Organization Name _____

Address _____

City _____ State _____ ZIP _____

Contact Person _____

Phone _____

Email address _____

Mission Statement

Fiscal Year: From _____ To: _____

Total Operating Budget _____

Number of Employees: Full Time _____ Part Time _____

Does your organization provide volunteer opportunities? Yes No

If so, how many volunteers did you have last year? _____



Number of Individuals Served by Organization _____

Has this request been authorized by the organization's governing board? Yes No

If yes, when? _____

Has your governing board approved a policy of non-discrimination with regard to age, race, religion, sex or national origin? Yes No If yes, when? _____

Project Details

What are the start/end dates of your project? From: _____ To: _____

How many individuals will benefit from your project? _____

Please provide a concise 3 – 5 sentence description of your project:



How does your project align with the mission of the Mequon Community Foundation? 3 – 5 sentences.
[or how does this project improve the lives of the residents of Mequon?]

Funding

Total project budget? _____

Amount requested from Mequon Community Foundation? _____

If you don't receive the full funding requested from MCF, how will the project be impacted? 2 – 3 sentences.

Please identify the project's other funding sources. Please indicate the amount requested from each and if funding is pending, has been received, or was denied.



If funding is received from the Mequon Community Foundation, how will the grant be recognized?

Attachments

Please include the following with your application:

- List of Board of Directors
- Project Budget
- Operating Budget
- IRS Letter of Determination, if applicable
- Annual Report, if available

Please send completed application form and attachments to:

Mequon Community Foundation

PO Box 52

Mequon, WI 53092

Questions? Please call Kathy Pederson, President, at 262-402-8218