



# BOARD POLICY

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**PLEASE COMPLETE THIS FORM**

**Deadlines for submission of Applications:**

Grant requests may be submitted to the Foundation at any time. The foundation will act on submitted proposals in a timely manner. However, requests received less than two weeks prior to the next scheduled Board meeting may result in review and consideration at a subsequent Board meeting.

**Applications may be mailed or delivered to: Lake Mills Area Community Foundation, P.O. Box 33, Lake Mills, WI 53551**

**ORGANIZATION REPRESENTING THIS REQUEST**

<b>Organization Name</b>		<b>Phone</b>	
<b>Address</b>		<b>E-mail Address</b>	
<b>Organization's EIN –Tax Identification Number (*)</b>			
(*) This number may need to be disclosed by our foundation, as part of 990 grant filing requirements.			

**1. Describe the entity (legal composition, directors and staff, purpose, history).**

<b>AMOUNT OF FUNDS REQUESTED:</b>	\$	<b>DATE FUNDS ARE NEEDED BY:</b>			
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**2. Please give a detailed explanation of how funds will be used. You may attach supporting information or documentation which may be helpful to the Directors as they consider this request.**

**3. How will the Lake Mills area benefit, should your organization be awarded a grant?**

**4. How many individuals do you estimate will benefit from your project on an annual basis?**



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<b>5.</b>	<b>Describe the sources of other funds available, or being sought, to complete this project</b>

<b>6.</b>	<b>Please include financial statements for the last two years and year to date statements for the current year. These statements will need to consist of balance sheets for each of the three periods and operation statements showing actual results against budget for each period. Also show your sources of revenue.</b>
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PERSON REPRESENTING THIS ORGANIZATION'S REQUEST (*)			
Name		Phone	
Address		E-mail Address	

(\*) Note: This person may be required to provide a formal presentation of the proposal to our Foundation's Board.

CERTIFICATION OF INFORMATION PRESENTED	
<p>I hereby certify that all information submitted in connection with this application is true and correct to the best of my knowledge.</p>	
_____ Signature of Authorization	_____ Title/Position
_____ Print Name of Authorization	_____ Print Title/Position
_____ Signature of Supervisor, if Applicable	_____ Title of Supervisor, if Applicable

POLICY FORM APPROVALS:							
Board Secretary	Date			Board President	Date		
	5	4	10		5	4	10