

# Grant Request Form



Sec. 5, Board Policy 5a - Revised 4/24/2019

Grant requests may be submitted to the Foundation at any time. However, only those received at least two weeks prior to a scheduled Board meeting will be acted upon at that meeting. Regular Board meetings occur on the 2nd Wed of January, March, May, July, September, and November (subject to change).

Applications may be mailed to Lake Mills Area Community Foundation, P.O. Box 33, Lake Mills, WI 53551, or emailed to [contact@lmacf.org](mailto:contact@lmacf.org), or hand delivered to any Director.

## Requesting Organization Information:

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email/Website: \_\_\_\_\_

Organization's EIN – Tax Identification Number: \_\_\_\_\_

(This number may need to be disclosed by our Foundation, as a part of IRS 990 grant filing requirements.)

Organization's **primary** service category (check only one):  Arts/Culture  Health  Human Services  
 Civil/Economic Development  Education  Environment  Other (specify) \_\_\_\_\_

## Organization's Contact Person(s) for Grant Request:

Individual Name(s): \_\_\_\_\_

Phone #(s): \_\_\_\_\_ Email(s): \_\_\_\_\_

**Please provide a brief summary of your organization's charitable qualifications in partnering with the Foundation**  
(Your mission, goals, history, programs, and major accomplishments in the Lake Mills area):

**Program/Project Name:** \_\_\_\_\_

**Total Program/Project estimated costs:** \$ \_\_\_\_\_ **Funds raised/pledged to date:** \$ \_\_\_\_\_

**Amount of funds requested of LMACF:** \$ \_\_\_\_\_ **Date funds are needed by:** \_\_\_\_\_

*(You may attach any supporting information or documentation to the following statements which may be helpful to the Board of Directors as they consider this request.)*

**Please give a detailed explanation of the Project/Program and how the funds will be used:**

**Describe how the Lake Mills area would benefit, should your organization be awarded a grant:**

**Describe the sources or plans (if any) for obtaining additional funds for this Project/Program, including amounts requested of other funding entities:**

*(Financial statements showing Project/Program budget or organizational balance sheets and income statements may be requested by the Foundation.)*

**Certification of Information Presented:**

I hereby certify that I have read the Lake Mills Area Community Foundation’s Grant Request Policy, this request meets all of the required guidelines of said Policy, and that all the information submitted in connection with this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Supervisor Signature – If applicable

\_\_\_\_\_  
Printed Name & Position of Authorized Person

\_\_\_\_\_  
Supervisor Printed Name & Title - If Applicable