

LMACF COVID-19 RECOVERY GRANT REQUEST

Revised 4/17/2020



Grant requests may be submitted to the Foundation at any time. Board members review requests on a bi-weekly basis, and after consulting with various public entities, will make grant award decisions based on overall need with a goal of assisting as many qualified recipients as possible. Final distributions are made in the sole discretion of the Board and in accordance with the Foundation's policies and procedures. Applications may be mailed to Lake Mills Area Community Foundation, P.O. Box 33, Lake Mills, WI 53551, emailed to 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):*

Total Covid-19 related costs/deficiencies: \$ _____ Funds raised/pledged to date: \$ _____

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

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(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 how your organization/entity has been impacted financially by the Covid-19 Pandemic and how the funds will be used:

Describe the sources or plans (if any) for raising additional funds for your organization/entity, including amounts requested of other funding entities:

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

Certification of Information Presented:

I hereby certify that I have read the Covid-19 Recovery Fund description and the underlying Lake Mills Area Community Foundation's Grant Request 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