

Hartford Area Foundation

Grant Application

ORGANIZATION

Organization's Legal Name

Street & Mailing Address

City, State, Zip

Phone

Fax

E-Mail

President/CEO

Contact Person (*if different from above*)

Phone

Federal ID#

Organization's Mission Statement:

PROJECT INFORMATION

Project Name/Activity

\$

Amount Requested

\$

Total Project Cost

Project Timeline (*start and completion dates*)

SIGNATURE AUTHORIZATION

President/CEO

Date

1. **Organization:** Describe your organization's primary purpose and history.

2. **Need:** What are the community needs this project will try to address?

3. **Purpose:** Please describe the nature and purpose of this project.

4. **Benefit:** How many people will benefit from this project and what geographical area will be served?

5. **Coordination:** List all organizations and key persons that will be responsible for this project.

6. **Time line:** Please include a project time line detailing anticipated start and completion dates.

7. **Funding sources:** Please list other contributors to this project, include organization's name, amount and status.

8. **Sustainability:** How will this project be financed in the future?

9. **Impact:** Describe the effect of this project on your organization, staff, clients, and the community.

10. **Other:** If only partially funded by WCCF, would the project still occur? YES NO Please explain.

11. **Attachments:**

- a. **Detailed Budget** – include a detailed budget for the project. Please use the attached form or you may reproduce the form on your computer provided the format is closely followed.
- b. **Financial Statements** – include your organization’s most recent year-end income/expense report and balance sheet and a current operating budget.
- c. **IRS Determination Letter** – include a current IRS determination letter showing exemption from federal income taxes under Section 509(a) of the IRS Code and your 501(c)(3) status.
- d. **Board Members** – include a list of your current Board members, their occupations and addresses.
- e. **Board Resolution** – include a copy of the Board resolution authorizing your organization to apply for funding from the White County Community Foundation.

12. **Submit to:** Hartford Area Foundation
P.O.Box 82
Hartford, WI 53027

OR EMAIL TO: john-reis@sbcglobal.net

For HAF Use ONLY:

Date Received _____ Proposal # _____

Category/Field of Interest _____

Date _____ Approved _____ Declined _____ Amount Awarded \$ _____

Conditions _____

Project Budget Form

Income:

| Source | Amount Pending | Amount Committed |
|--|----------------|------------------|
| Foundations | | |
| Corporations | | |
| United Way & other federated campaigns | | |
| Religious institutions | | |
| Government grants & contracts | | |
| Program service revenues | | |
| Membership | | |
| Interest & dividends | | |
| Fundraising events & products | | |
| In-kind support | | |
| Other income (specify) | | |
| | | |
| | | |
| | | |
| Total | | |

Expenses: Please attach bids or estimates for **ALL** items.

| Item | Total Amount | Portion Requested from WCCF |
|--------------|--------------|-----------------------------|
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| Total | | |