



GRANT APPLICATION FORM

This Form is also Available Online
www.brfareafoundation.org

EIN#: _____

Date: _____

Name of Organization: _____

Address of Organization: _____

Contact Person: _____

Primary E-mail & Phone #: _____

Alternate E-mail & Phone #: _____

PLEASE NOTE: If you do not have access to your primary E-mail and Phone # at all times – You MUST submit an alternate e-mail address and telephone number. **ALL CONTACT WITH YOU WILL BE MADE BY E-MAIL.**

Copy of latest Internal Revenue Service Exempt Determination Letter under Section 501©(3) attached

Total Project Budget: _____ Amount of Grant Requested: _____

Briefly describe use of Grant Funds:

Project Summary: Briefly describe the project to be funded by the grant, the number of persons who will benefit, the human or community needs it is intended to meet, the results to be accomplished, and how you will evaluate the success of the project. (Continue on separate sheet if necessary)

Have you approached other sources for support? Yes No (If yes, List Sources)

If the Black River Falls Area Foundation funds a portion of your request, what alternative plans do you have for additional funding?

Use attachments if necessary

By signing below, we agree to complete and submit a Grant Evaluation Form provided by the Foundation within one year from the date the funds are received and understand this application does not guarantee funding from the Black River Falls Area Foundation.

Officer's Name (Print)	Title	Signature
Contact Person (Print)	Title	Signature

You will always receive an acknowledgement. If you do not receive an acknowledgment within a few days, resend or call us as it was not received.

E-mail completed application to: executivedirector@brfareafoundation.org

-- or --

Mail Completed Application to: GRANT APPLICATION
Black River Falls Area Foundation
P.O. Box 99
Black River Falls, WI 54615