Emergency Fund Grant Application

Community FOUNDATION of CENTRAL WISCONSIN

County Served: *(Check ONLY ONE)* **Portage County** ☐ **Waushara County** ☐
(If you are applying for both counties, please provide a separate application for each county.)

Mission Fund Area: *(Check only those that apply)*

Arts & Culture ☐ **Education** ☐ **Environment** ☐ **Helping People** ☐ **Wellness** ☐

Grant Request:

- Name of Emergency Program / Project: _____
- Amount Requested: $ _____ Time Frame for Emergency Project: _____

Organization Information: *(If approved for funding, this information will be used in the "payee" section of the grant check(s)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Person: _____ Phone: _____

Email: _____

☐ **Federal EIN #** _____ ☐ **State Tax Exempt #** _____

(Please include a copy of your Federal IRS letter of determination and State tax exempt documents if applicable.)

Grant Description: Please indicate in (300 - 500 words) how the situation poses an immediate (or high probability of escalating to an immediate) danger to life, health, property, or the environment, and how your proposed urgent and timely intervention will prevent a worsening of the situation. Please indicate how many people will be served -AND- other resources or collaboration with others (financial, personnel/volunteers).

Authorization:

The undersigned, an authorized representative of the organization or program/project, does hereby certify that the information set forth in this grant application is true and correct.

_____

*Name - **Please Print**   Title   Date*

_____

Signature

Application materials should be directed to:

COMMUNITY FOUNDATION OF CENTRAL WISCONSIN
1501 CLARK STREET, STEVENS POINT, WI 54481
PHONE: 715.342.4454   EMAIL: foundation@cfcwi.org

cf NATIONAL STANDARDS

REVISED 06-16