Fennimore Area Foundation (FAF)

Grant Application

Date _____

Organization _____

Address _____

Telephone _____

Contact Person _____

Project Information

Project Title _____

Amount Requested (IMPORTANT – Attach written documentation/bids to support the amount of funding being requested.) _____

Duration of Project-From _____ To _____

When are funds needed? _____

Description of population served _____

Number of people to be served _____

Briefly Summarize the Proposed Project:

(Do not be limited by space provided)

Identify the problem or need to be addressed:

Identify the project goals or objectives:

Identify the proposed strategy to accomplish these goals:

Is this a new or ongoing activity on the part of the sponsoring organization(s)?
Explain:

Identify other principal sources of support:

Please attach the following if applicable:

- **Documentation detailing the organization's non-profit status.**
- Complete list of organization's officers and directors.
- The organization's actual income and expense statement for the past fiscal year, identifying the organization's principal sources of support, or organization's 990 for the most current year.
- Copy of the IRS federal tax-exempt determination letter.
- The organization's tax identification number.

Mail to:

Fennimore Area Foundation (FAF)
P.O. Box 134
Fennimore, WI. 53809

Questions regarding this application form and FAF grants may be directed to:

Jon Miles	608.988.7400
JoAnn Wiederholt	608.822.3420