



Baldwin-Woodville Area
Community Foundation

P. O. Box 352
Baldwin, WI 54002

This form may be reproduced

Date Submitted: _____

Name of Group or Organization: _____

Contact
Person: _____

Phone Number: _____

Address: _____

Is your organization a 501 (c)(3) Tax exempt number _____
(Please attach current IRS Determination letter)

Unit of government

Other _____

What is the purpose of your organization?

Briefly describe the project for which you are requesting funding (include population and number of people served).

How was the need for this project identified?

Are there any similar projects in our community? If yes, explain how this project is different.

Total project cost: \$ _____ Amount of funding requested: \$ _____

Budget:

Sources of funding:	Secured	Pending	Amount
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

How will the funds from the Baldwin-Woodville Area Community Foundation be used in this project?

What is the timeline for this project?

Who will be principally responsible for the implementation of this project?

How will you measure the effectiveness/success of this project?

Authorization: I approve submission of this proposal. I agree to spend any funds awarded as described in this proposal and will provide the Baldwin-Woodville Area Community Foundation, Inc. a summary of the project. This summary is due to the Baldwin-Woodville Area Community Foundation when the project is completed or within one year of the funding award whichever occurs first.

Name of top staff or Board Chair _____ Title _____

If school or school related request, approval by building Principal or Superintendent required: (name and signature)

Signature: _____ Date _____
(Please print)