2024 Grant Application

Please send this completed application and required documents to info@fallsfoundation.org.
Applications must be received by 5 p.m. on March 1, 2024.

Grant Seekers must:

* Be a qualified tax-exempt organization as defined by the IRS as a 501(c)3 organization or have a fiscal sponsor/agent qualified as a 501(c)3 organization
* Provide services in the greater Menomonee Falls area
* Not be an organization that redistributes the grant to other organizations

**Required Documents:**

1. Copy of IRS determination letter.  (NOTE:  Applicants must be qualified to receive tax-exempt contributions as defined by the IRS as a 501(c)(3) organization. Applicants without 501(c)(3) status may work through another qualified 501(c)(3) organization that is willing to serve as a Fiscal Sponsor/Agent for the applicant.)
2. Copy of last fiscal year financial statement (audit, 990, etc.)
3. Copy of current agency budget and amount organization has in reserves

If you have questions regarding this process or related to any of the required documents, call or text Mary Jo at 262-844-1272 or email info@fallsfoundation.org.

Name of person completing application:

Legal name of your organization:

Address:

City, State, Zip:

Phone Number: Email Address:

Does the organization have federal tax exempt status?

[ ]  Yes [ ]  No

Year organized or incorporated:

Date of IRS Determination Letter confirming your status as a 501(c)3 organization AND Tax Exempt Number:

Has the governing board approved a policy which states that the organization does not discriminate as to age, race, religion, sex, disability, sexual orientation or national origin?

[ ]  Yes [ ]  No

If yes, when was the policy approved? (month / date / year):

Please list the organization's officers and directors (or send as an attachment)

## **Grant Details**

Name of project:

Total amount requested:

Is this a program, project, or capital fund request?

[ ]  Program [ ]  Project [ ]  Capital Fund Request

Please describe your budget projection for the entire project:

Duration of Project:

When are funds needed?

In what geographical location will the funds be used?

Please describe the purpose of the grant: What do you anticipate will be the outcomes resulting should you receive this grant. Numbers affected, lasting effect, impact on quality of life in the Greater Menomonee Falls area.

How will the grant support your organization's mission?

I certify that the information provided is true to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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