

Viroqua Area Foundation

ORGANIZATIONAL INFORMATION:

Name of applicant organization: _____

Address: _____ City, State, Zip: _____

Organization Director: _____ Phone Number: _____

Contact Person for Project: _____ Phone Number: _____

Does the organization have tax-exempt status under Section 501(c)(3)? Yes No

Organization's Employer Identification Number: _____

If not 501(c)(3), please explain: _____

Date established: _____ Number of employees: _____ Number of Volunteers: _____

General description of organization & purposes with description of population served and principal geographic area of service.

What are the dates of the organization's fiscal year? _____ Endowment or Reserve Funds: \$ _____

Total operating expenses for the past fiscal year \$ _____ current year budget \$ _____

PROJECT INFORMATION:

Project Title: _____

Amount Requested: _____ Duration of the project-From: _____ To: _____

Total project budget: _____ When are funds needed? _____

Who will directly benefit from project: _____

Number of people to be served by this project: ___ Geographical location of people to be served: _____

Is this project new or continuing? _____ If continuing, when started? _____

In which category does the project fit:(circle one) 1. Youth Serving _____ 2. Human Service _____

3. Health Related _____ 4. Arts/Culture _____ 5. Environmental _____ 6. Other _____

Has the governing board approved a policy that states that the organization does not discriminate as to age, race, religion, sexual orientation, disability, or national origin? Yes _____ No _____

Has the organization's governing body authorized this request? Yes _____ No _____ When? _____

Other comments:

This application must be signed by the president or another officer of the organization's governing body:

Signature

Title