

BLACK RIVER FALLS

— AREA —

FOUNDATION

Your Foundation For The Future

P.O. Box 99
Black River Falls, WI 54615
www.brfareafoundation.org

Administrative Assistant
Beth Overlien
(715) 284-3113

Grant Application Information

Application Form Attached or Available Online
www.brfareafoundation.org

We appreciate your interest in a Black River Falls Area Foundation grant. The Foundation carefully screens requests for funds from community organizations for projects that could enhance the quality of life.

Any non-profit organization in Jackson County may apply for a grant. Applications will be accepted April 1 through May 15. A copy of the organization's tax-exempt status is required.

Grant applications are evaluated with consideration to the policies, funding objectives and the mission statement of the Foundation. General categories of support include: education, health services, cultural activities, social services and civic projects. Grants to be considered are those that meet charitable needs of:

- A new or innovative nature to fulfill unmet needs
- One-time projects
- Capital improvements
- Equipment needs
- Start-up expenses
- Special programs
- Emergency funding

Requests to support endowments, operating expenses, debt repayment, religious purposes, individuals, and lobbying expenses are usually discouraged.

The Foundation's Board of Trustees will make the selection of grant recipients. Upon completion of the grant project, an evaluation is required to determine the effectiveness of Foundation support. The Foundation welcomes questions about the application process, as well as other Foundation services. Further information is available from any Foundation Trustee.

— OUR MISSION STATEMENT —

It is the mission of the Black River Falls Area Foundation to enhance the quality of life in the Black River Falls area by:

- *Providing a vehicle for donors with diverse community interests*
- *Protecting donations through prudent investing and stewardship*
- *Serving as a resource and catalyst to accomplish community projects*
- *Expanding our communities' endowment by encouraging philanthropy*

Have you approached other sources for support? _____ Yes _____ No (If yes, List Sources)

If the Black River Falls Area Foundation funds a portion of your request, what alternative plans do you have for additional funding?

Use Attachments or this Additional Space, if Necessary

If our application is funded, we agree to complete and submit a Grant Evaluation Form provided by the Foundation within one year from the date the funds are received.

| | | |
|------------------------|-------|-----------|
| _____ | _____ | _____ |
| Officer's Name (Print) | Title | Signature |
| _____ | _____ | _____ |
| Contact Person (Print) | Title | Signature |

Mail Completed Application to: Gil Homstad, Chairman
Black River Falls Area Foundation
P O Box 99
Black River Falls, WI 54615