

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

Email your Application to: ExecutiveDirector@brfareafoundation.org
You will always receive an acknowledgement ~ if you do not get one within a few days, resend or call us as it was not received.

Mail Completed Application to: GRANT APPLICATION
Black River Falls Area Foundation
P O Box 99
Black River Falls, WI 54615