ALMA CENTER AREA COMMUNITY FUND

Trustees
Jean Durni
715-896-0422
Don Forsting
715-896-4898
Mary Seichter
715-896-3918
Dan Stetzer
715-299-4119
Jane Szymanski
715-964-1164

	Date:	
Name of Organization:		
Address of		
Contact Person:	PLEASE NOTE: If you are a teacher (or for some other reason) do not have access to your office email and telephone at all times – You <u>MUST</u> submit an alternate email address and telephone number. <u>ALL CONTACT WITH YOU WILL BE MADE BY EMAIL</u> .	
Contact Person: Alternate Email and Phone #		
	latest Internal Revenue Service Exempt Determination Letter under Section 501(C)(3) without the proper 501(c)(3) can NOT be considered per Foundation by-laws.	
Briefly describe use	Amount of Grant Requested:	
human or community need	y describe the project to be funded by the grant, the number of persons who will benefit, the is it is intended to meet, the results to be accomplished, and how you will evaluate the success a separate sheet if necessary)	

Have you approached other sources for supp	ort? Yes	No	(If yes, List Sources)
the Black River Falls Area Foundation fund inding?	s a portion of your r	request, what a	ternative plans do you have for additio
Use Attachm	ents or this Addition	al Space, if Ned	eessary
If our application is funded, we provided by the Foundation			
Officer's Name (Print)	Title		Signature
Contact Person (Print)	Title		Signature
nail your Application to:			

Mail Completed Application to: GRANT APPLICATION

Black River Falls Area Foundation

P O Box 99

Black River Falls, WI 54615