



Baldwin-Woodville Area  
Community Foundation

P. O. Box 352  
Baldwin, WI 54002

This form may be reproduced

Date Submitted: \_\_\_\_\_

Name of Group or Organization: \_\_\_\_\_

Contact  
Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Is your organization a  501 (c)(3) Tax exempt number \_\_\_\_\_  
(Please attach current IRS Determination letter)

Unit of government

Other \_\_\_\_\_

What is the purpose of your organization?

Briefly describe the project for which you are requesting funding (include population and number of people served).

How was the need for this project identified?

Are there any similar projects in our community? If yes, explain how this project is different.

Total project cost: \$ \_\_\_\_\_ Amount of funding requested: \$ \_\_\_\_\_

Budget:

Sources of funding:	Secured	Pending	Amount
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

How will the funds from the Baldwin-Woodville Area Community Foundation be used in this project?

What is the timeline for this project?

Who will be principally responsible for the implementation of this project?

How will you measure the effectiveness/success of this project?

Authorization: I approve submission of this proposal. I agree to spend any funds awarded as described in this proposal and will provide the Baldwin-Woodville Area Community Foundation, Inc. a summary of the project. This summary is due to the Baldwin-Woodville Area Community Foundation when the project is completed or within one year of the funding award whichever occurs first.

Name of top staff or Board Chair \_\_\_\_\_ Title \_\_\_\_\_

If school or school related request, approval by building Principal or Superintendent required: (name and signature)

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Please print)