

Other revenue sources:



Riverland Community Cares Grant Application

Applicant Name/Organization:	Date:
Address:	
City/State/Zip:	
Contact Person:	Contact Phone:
E-mail Address:	
Is the organization exempt from payment of income tax If yes, a copy of an IRS letter indicating your organization	
If this individual or organization has previously received following information about the most recent grant received	
Date:	Amount:
Date:	Amount:
What communities/counties are served by your organization?	
Describe the specific project or purpose for which the fu	unds will be used. Attach separate sheet if necessary.

Project start date:	Project end date:
Cost of project:	Amount requesting:
	7646461
What other information would you like to share?	
Grants will be awarded only one time per year for any	organization.
information provided is true and complete and that the this statement as continuing to be true and correct un	Each undersigned understands that the information and each undersigned represents and warrants that the Riverland Community Foundation, Inc. may consider
Signature:	Date:
If either my organization or I receive a grant from Rive Riverland Community Foundation or its agents to prin photos in promotional and/or informational materials	• •
Signature (optional):	Date:

Return completed form to:

Beth Alesch Riverland Energy Cooperative P.O. Box 277 Arcadia, WI 54612 balesch@riverlandenergy.com

> Riverland Energy Cooperative Riverland Community Foundation, Inc. N28988 State Rd 93/P.O. Box 277 Arcadia, WI 54612 608-323-3381 or 800-411-9115