

# RIVERLAND COMMUNITY CARES FOUNDATION, INC.

Riverland Energy Cooperative  
P.O. Box 277 - Arcadia, WI 54612 - 800-411-9115

## COMMUNITY CARES GRANT APPLICATION

Date \_\_\_\_\_

Name of Organization or Individual \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

This organization is exempt from the payment of income tax.

This organization is NOT exempt from the payment of income tax.

Non-profit Organization IRS TAX ID# or 501(c)3 (please include a copy) \_\_\_\_\_

Amount of Grant Requested \_\_\_\_\_ Total Budget Estimate \_\_\_\_\_

Describe the specific project or purpose for which the funds will be used. Please provide a detailed explanation to include estimated figures or specific equipment if applicable. Supporting documentation may be attached. Attach a separate sheet if necessary.

List any other sources of funding - received or pending - and other forms of assistance that have been applied for which will be used for this purpose or project. Attach separate sheet if necessary.

*Please continue to next page.*

Please list three references that are able to explain the reasons for this grant request, if contacted. (Do NOT include medical professionals as they are prohibited from sharing client information)

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

---

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

---

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from Riverland Community Foundation, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Riverland Community Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. Riverland Community Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of organization/agency/individual/family \_\_\_\_\_

Signature of representative/individual \_\_\_\_\_ Date: \_\_\_\_\_

If either my organization or I receive a grant from Riverland Community Foundation, Inc., I hereby authorize Riverland Community Foundation or its agents to print/publish my name or my organization's name and/or photos in promotional and/or informational materials. LEAVE BLANK IF YOU DO NOT AUTHORIZE PUBLICIZING YOUR NAME/PHOTOS.

Signature of representative/individual \_\_\_\_\_ Date: \_\_\_\_\_



Please mail your application to our office at P.O. Box 277, Arcadia, WI 54612, or drop it off at any of our offices. You can also e-mail it to [balesch@riverlandenergy.com](mailto:balesch@riverlandenergy.com). If you have questions, please contact Beth Alesch, at 800-411-9115.

Applications due March 1, 2019.