



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 If yes, a copy of an IRS letter indicating yo	of income tax? Yes No our organization's 501(c) (3) must be attached.
If this individual or organization has previous following information about the most rec	ously received a Riverland Community Cares grant, provide the ent grant received:
Date:	Amount:
Date:	Amount:
What communities/counties are served b	y your organization?
Describe the specific project or purpose fo	or which the funds will be used. Attach separate sheet if necessary.
Other revenue sources:	

Project start date:	Project end date:
Cost of musicati	
Cost of project:	
What other information would you like to shar	re?
Grants will be awarded only one time per year	for any organization.
munity Foundation, Inc. on behalf of the under provided herein is used in deciding to grant fur information provided is true and complete and this statement as continuing to be true and co	for the purpose of obtaining funding from Riverland Com- rsigned. Each undersigned understands that the information nding, and each undersigned represents and warrants that the d that the Riverland Community Foundation, Inc. may consider rrect until a written notice of a change is provided. Riverland nake all inquiries they deem necessary to verify the accuracy of
Signature:	Date:
, ,	rom Riverland Community Foundation, Inc., I hereby authorize s to print/publish my name or my organization's name and/or naterials.
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