

Sertoma Winter Wonderland GRANT APPLICATION

INSTRUCTIONS

Please read this document carefully before completing the application. You may copy this form or type or print legibly the requested information. Please keep your answers brief. This application is also available at brainerd.sertoma.com. **All grant application sections must be completed, application signed and dated for grant consideration.**

Application deadline is February 25 with distributions to be made in Spring 2012. Send application to: Sertoma Winter Wonderland Grants – PO Box 9, Brainerd, MN 56401

PART ONE ORGANIZATION INFORMATION

Name of Organization

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Website:

Federal Tax ID Number:

Is Organization:

- For Profit Non-profit
 501(c)3 if non-profit

Executive Director or Board Chair:

Phone:

Email:

Primary Contact (if other than Director or Board Chair):

Phone:

Email:

Please provide a brief overview of the organization and its mission:

PART TWO DONATION REQUEST INFORMATION

Amount Requested:

\$

Primary Area of Focus:

- Speech & Hearing Environmental Public Service Education Youth
 Other (explain)

Application Date:

Type of Request:

- General Operating Program/Project Capital Expenses Other _____

Has the organization received a donation from any Brainerd Sertoma Clubs in the last three years?

- NO YES: Sertoma Winter Wonderland - or - Brainerd Sertoma Clubs

Please list any Sertoma members involved in your organization and their roles:

Sertoma Winter Wonderland GRANT APPLICATION CONTINUED

PART THREE FINANCIAL INFORMATION

Organization's current year budgeted expenses: \$	Is this higher or lower than last year? <input type="checkbox"/> Higher <input type="checkbox"/> Lower	Higher or lower by what percent?
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What are your organizations primary funding sources? (list up to three)

1.

2.

3.

Did you have any Sertoma volunteers working on projects this year? Number of Sertoma volunteer hours: <input type="checkbox"/> NO <input type="checkbox"/> YES # Hrs. _____	Number of volunteer hours on Sertoma projects:	Would you be willing to speak on behalf of the Sertoma Winter Wonderland or Sertoma? <input type="checkbox"/> NO <input type="checkbox"/> YES
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PART FOUR PROGRAMS, PROJECTS OR CAPITAL CAMPAIGN INFORMATION

What are the timelines for the programs, projects and/or fundraising?

What is the budget for the programs, projects or capital campaign?

\$

How does this effort address the type of request your organization is making? (Refer to Part Two)

How does this effort relate to the mission of your organization?

Please explain how the success of the program or project will be measured?

PART FIVE AUTHORIZATION

The undersigned certifies they are authorized to represent the organization applying for a donation grant and the information contained in this application is accurate. The undersigned agrees that if a donation is awarded to the organization: **(1)** the donation will be used for the purpose outlined in the grant award letter and may not be expended for any other purpose without prior written approval from the Sertoma Winter Wonderland Grant Committee, **(2)** the Sertoma Winter Wonderland and/or Brainerd Sertoma Clubs has received nothing of material value in exchange for the donation, **(3)** information about the organization and the donation may be used by Sertoma Winter Wonderland and/or Brainerd Sertoma Clubs in any published materials, and **(4)** certify the organization name above falls under IRA Code Sec. 501(c)(3), and are eligible to receive funds from this organization.

Signature of Executive Director, Board Chair or Primary Contact	Date
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