

APPLICANT INFORMATION

Date submitted: _____

Applicant Name _____

Organization Affiliation: _____

Organization EIN: _____

Is your Organization tax exempt? _____

If yes, please attach tax exemption letter or other evidence of tax exemption. (proof of your exempt status)

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Web Address: _____

PROJECT INFORMATION:

Please address the following questions on a separate sheet of paper, in 500 words or less, along with the completed Grant Request Application.

1. Describe the proposed program, project or event.
2. Describe the specific need the funding would support.
3. What are the goals of the program, project or event (these should be measurable)?
4. Describe the total number of youth/seniors that will benefit from this request, (example: provide 100 youth aged 4-10 with 2 healthy meals a day for 50 days).
5. Please include a budget which supports your request, and purchase documentation for the amount requested.

Total project/program expenses for this request: \$ _____

Amount requested of Langlade County Fair, Inc.: \$ _____

Have you requested funding for this project from other grant providers? ___ Yes ___ No

Project/event start date: _____ end date: _____ Date funding is needed: _____

Is this project/program/event: ___ New ___ Ongoing ___ Both

Primary area of impact addressed by this specific request:

_____ Education _____ Leadership Development _____ Agricultural Knowledge

_____ Community involvement _____ Financial Wellness

_____ Other not-for-profit support (please specify) _____

ADDITIONAL ORGANIZATION INFORMATION: Year of Incorporation: _____ (if applicable)

What is your organization's mission? (if applicable)

Has your organization or you applied to Langlade County Fair for funding in the past 12 months? If so, how much was awarded? _____ and what was that specific request for:

I/We certify that the information provided in this application is correct to the best of our knowledge.

I/We understand that additional information may be required by Langlade County Fair, Inc. to aid the Board of Directors in their review of this request, and we are available to answer your questions.

The undersigned grants to Langlade County Fair, Inc. the right to take photographs of me/my organization, its representatives, members, and property in connection with this grant request; and further authorizes Langlade County Fair and its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Langlade County Fair may use such photographs with or without my/my organization's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Representative (Print name)

Representative's Signature

Contact Person (Print Name)

Contact Person Signature

Title: _____

Date: _____

Title: _____

Date: _____