



Mt. Horeb Community Foundation Funding Request

FORM A: Funding Requests of \$1500 or less

**Funding
Requests
Are Due
Sept. 1**

GUIDELINES

The Mt. Horeb Community Foundation’s goal is to progressively advance, enrich, & improve the common welfare of the Mt. Horeb Community (as defined by the Mt. Horeb school district borders). To realize this goal, annual funding of grant requests are awarded to those individuals and/or groups (including but not restricted to not-for-profit 501(c)(3) organizations) organized exclusively for charitable, scientific, literary, religious and educational purposes.

Grant Policies:

- **Eligibility** – Funding requests may be made by (an) individual(s) or group(s) resident of, or serving the vicinity of the Village of Mt. Horeb, requiring financial support for a project or service that advances and enriches the common welfare of the community or (a) specified group(s) within.
- **Activities not funded** – Funding requests that fall under the auspices of another established community funding and/or service source(s).
- **Retention of records** – The Mt. Horeb Community Foundation will retain for its record-keeping, all granted and denied award applications and attending documentation.

The Granting Process:

Two Funding Categories – Use Form A when requesting \$1500 or less and Form B when requesting funds in excess of \$1500. Please use the appropriate form when applying for funding. Forms A and B are available online at www.mhcfound.org . For more information or an electronic copy of the form, please contact Mary Klopotic, Executive Director, phone: (608) 832-6633 or email: info@mhcfound.org .

Preparing Applications – New forms must be submitted each year. In no case does funding one year assure funding in the next. Mail the original (plus 9 copies) of the completed application to the Mt. Horeb Community Foundation, P.O. Box 66, Mt. Horeb, WI 53572. Emailed applications will not be accepted. This cover page does not need to be included.

Application Deadlines – Funds are awarded annually.

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|---------------------|---|
| September 1: | All requests for funding are due. |
| Mid October: | Required attendance at Public Hearing to answer questions |
| October – November: | All requests are reviewed and Committee recommendations are referred to the Foundation’s Board of Directors for voting. |
| Late November: | Award recipients notified by email. |
| December 31: | Funds disbursed from BMO Harris. |

Review Process

1. Requests are reviewed to determine compliance with basic eligibility requirements.
2. Applicants are **required** to attend an open hearing to answer questions about their request. They will be notified of the location, time and date of the hearing (generally held in mid-October).
3. Following the open hearing, the committee meets (in closed session) to review all requests.
4. The Review panel makes funding recommendations to the Foundation’s Board of Directors.
5. Foundation Directors review the panel’s recommendations and determine the final grant awards at their November meeting. Grants are announced by the end of that calendar year.

Final Reports – A final project report is to be submitted within the calendar year following the award’s receipt. Reports are accepted throughout the year. The Foundation will not accept funding requests from individuals or organizations that have not filed final reports for past awards.

Mt. Horeb Community Foundation Funding Request



FORM A: Funding Requests of \$1500 or less

Organization Name: _____

Contact Person Name & Title: _____

Address: _____

Email: _____

Phone: _____

501(c)3 Status: ___ Yes ___ No

EIN# _____

Website: _____

Make Check Payable to: _____

The Mount Horeb Community Foundation believes that equal opportunity is important for the continuing success of our organization. In accordance with state, federal, and municipal laws, this foundation intends to comply with these laws which preclude negative discrimination because of race, disability, color, creed, religion, gender, age, sexual orientation, national origin, ancestry, citizenship, military status, or any other protected classification.

Please initial:

___ We have read the MHCF Anti-Discrimination Policy & agree to act in accordance with the above

___ The Mt. Horeb Community Foundation **REQUIRES** attendance at the fall public hearing to clarify the application. The Contact person will be notified of the location, time and date of the hearing.

___ A total of **10 copies** of the completed form must be mailed to: MHCF, P.O. Box 66, Mount Horeb, WI 53572. The Guidelines cover page (page 1) does not need to be included.

___ A follow up **“Final Report” is required**. Awarded funding that is NOT USED MUST be returned with this final report.

Applicant Signature: _____ Date: _____

PROJECT TITLE: _____

Specify Audience Targeted (check all that apply):

children seniors families other (specify) _____

No. of people _____

Project Location: _____

Date(s) of Project or Event: _____

Is project part of larger project? Yes No (If yes, provide brief explanation.)

Amount of Request: _____ Is amount requested total cost of project? Yes No

Total Project Budget: _____

Are additional funds for project being sought? Yes No

If Yes, explain further:

The project in need of funding is (check all that apply):

Charitable Scientific Religious Literary Educational Other

Specify Other: _____

Briefly describe your Project: