



Mt. Horeb Community Foundation Funding Request

FORM B: Requests for more than \$1500

**Funding
Requests
Are Due
Sept. 1**



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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 10 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.

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.

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.

****NEW****

Final Reports – A final project report is to be submitted within the calendar year following the award's receipt. New for 2022: A Project status report is required if applying for a new grant and the previous grant is incomplete with no final report. 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 B

1. Applicant Summary

If the organization's business address is a P.O. Box, please include a street address as well (if possible).

Organization Name: _____ Contact Person: _____
Address: _____ Title: _____
City: _____ Telephone: _____
County: _____ Zip: _____ Email: _____
Township: _____ Org Website: _____

Applicant Status:

Check which category best describes the applicant organization's legal status.

____ Individual ____ Organization/Nonprofit ____ Organization/Profit ____ Government-County
____ Government-Municipal Other: _____

Is organization registered as a 501(c)(3)? ____ Yes ____ No Date of Incorporation: _____

Organization's TIN or EIN # _____ REQUIRED

Applicant Category:

Circle the number(s) of the category that best describe(s) the applicant. Circle as many categories as apply.

01 Individual	07 Union/Professional Association	12 Health Care Facility
02 Performance	08 School	13 Religious Organization
03 Gallery/Exhibition	_____	14 Senior Citizen Group
04 Fair/Festival	09 Library	15 Parks and Recreation
_____	10 Historical Society	_____
05 Museum	_____	16 Other: _____
06 Arts Service Organization	11 Community Service Organization	_____

2. Project Summary

Project Title: _____

Start date: _____ End date: _____
(month and year) (month and year)

The project or activities must occur within the calendar year immediately following awarding of funding.*
(Example: funding granted end of 2012 is to be used by end of calendar year 2013.)

Amount Requested: _____

Type of Project:

Which best describes the project: ____ Charitable ____ Scientific ____ Religious ____ Literary ____ Educational

**Award money (total amount or any portion thereof) that has not been expended
for the specified purpose MUST be returned with the applicant's year-end report.*

Project Audience:

Check the community benefactors of the project for which funding is being requested. Indicate if more than one audience will be affected.

____ Children: ____ Pre-school ____ 5-10 yrs . ____ 11-13 yrs. ____ 14-18 yrs.
____ Young adults (18-28 yrs.) ____ Adults ____ Seniors

Geographic location in which project will occur:

Within village only (*name*) _____ Village and surrounding rural area _____

School(s) (*specify*) _____

County(s) (*specify*) _____

Church(es) (*specify*) _____

3. Project Description

- a). Describe the project including specific activities that will occur, whom it will serve, where it will occur, and who will be responsible for administering it.

b). What is the desired outcome of this project? How will it benefit the community?

c). How will the Foundation funds be used? (*Be specific*)

d). If applicable, list source(s) and amount(s) of additional funding needed beyond this Foundation request.

4. Project Budget

Indicate project's REAL and ANTICIPATED expenses and incomes. Include all fund sources including other grants applying for, not just Foundation portion. Round off ALL amounts to the nearest dollar.

Income	Amount
1. Admissions Include ticket sales and all other event earnings.	
2. Other Revenues Include program ad sales, concessions, rental income, parking, catalogue and gift shop sales, dividend or interest income, etc. <i>Do not include revenue from fundraising events.</i>	
3. Fundraising Support Include contributions from businesses, individuals, community foundations and organizations.	
4. Government Support Include grants from municipality, county, state or federal agencies. <i>Do not include this MHCF funding request.</i>	
5. Applicant Cash Include cash carry-forward, general institutional support, and other resources not included above.	
6. Total Project Income	
Expenses (Please itemize. Attach separate sheet if needed.)	Amount
7. Personnel Include salaries, wages, and benefits for project staff Administrative: Technical/Production:	
8. Outside Fees/Services Include necessary payment offers to consultants and/or other organizations whose services are specifically identified with the project.	
9. Space Rental Include rental fees for all spaces required for the project or activities.	
10. Marketing Include advertising (costs incurred for design, production, printing and mailing).	
11. Remaining Other Operating Expenses Include fundraising expenses, construction materials (lumber, nails, sets, props, etc.) utilities, postage, interest charges, equipment rental, insurance costs and cost of refreshments offered at (an) event (s), (if applicable).	
12. Total Project Expenses	
13 Anticipated NET PROFIT or LOSS (Income less Expense)	

Grant Amount Requested: _____

(should match Amount Requested on page 3)

Make Check Payable to: _____

5. Organizational Assurances

The Applicant HEREBY ASSURES THAT

1) The activities and/or services for which funding is sought will be administered by or under the supervision of the Applicant.

2) No part of any project or production which is financed in whole or in part under this award will be performed or engaged in under working conditions which are unsanitary, hazardous or dangerous to the health and safety of the employees engaged in such project or production. Compliance with the safety and sanitary laws of the State of Wisconsin shall be prima facie evidence of compliance.

3) 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

4) Funds received as a result of this application will be expended solely on the described project(s) and as represented. *Money awarded (total amount or any portion thereof) that has not been expended for the specified purpose **MUST be returned** with the applicant's year-end report.*

5) The figures, facts and representations made in this application, including all exhibits and attachments, are true and correct to the best of the applicant's knowledge and belief.

This assurance is given in connection with any and all financial assistance received from the Mt. Horeb Community Foundation after the date this form is signed. The assurance is binding on the applicant, its successors, transferees and the official whose signature appears below. *(An authorizing official is one who has legal authority to enter into contracts for the organization.)*

Signature of authorizing official

(School applications must be signed by the School Principal)

(Print or type name) _____ Date

Title

6. Checklist for Submission

Review each item and place an X in the space provided when task is completed.

General:

- _____ A follow up **“Final Report” is required**. Awarded funding that is NOT USED MUST be returned with this final report. **NEW FOR 2022:** If a Final Report on a previous grant cannot be turned in with a new grant application, then an interim project status report must accompany the new request.
- _____ The application is typed in standard-size type. (Hand-written applications will be accepted ONLY if they are printed and legible.) All materials are collated in the same order as the application questions. The copies (10 total) should be printed back-to-back.
- _____ All budget figures are complete and mathematically correct.
- _____ Clearly-labeled work samples and additional support materials (*Ex.: long-range plan*)
- _____ The Organizational Assurances form is signed by the authorizing official and the Non-discrimination policy was read and is initialed.
- _____ Stamped acknowledgment card (*optional*)

Required Attachments:

- _____ One-page resumes of key personnel associated with the project. Include training, education and employment.
- _____ One copy of the organization’s IRS Form 990 financial statement or a copy of the budget for the past fiscal year, a copy of this year’s organizational budget and next year’s proposed budget. Applicants who are part of a larger institution must provide departmental or unit budgets only.
- _____ 501(c)(3) not-for-profit organizations attach a copy of the organization’s most recent Letter of Tax Exempt determination from the Internal Revenue Service. Applicants who are part of a larger institution must provide the institution’s letter. (*applies to first-time applicants only*)
- _____ For those organizations in the process of obtaining 501(c)(3) status, attach a copy of the tax exempt application.

Mailing:

- _____ A total of **11 IDENTICAL stapled copies** of the application should be mailed to:
MHCF
P.O. Box 66
Mount Horeb, Wisconsin 53572

Applicant Signature: _____ Date: _____