



MEQUON-THIENSVILLE COMMUNITY FOUNDATION  
GRANT APPLICATION

**ORGANIZATIONAL INFORMATION**

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

Mission Statement

Fiscal Year: From \_\_\_\_\_ To: \_\_\_\_\_

Total Operating Budget \_\_\_\_\_

Number of Employees: Full time \_\_\_\_\_ Part Time \_\_\_\_\_

Does your organization provide volunteer opportunities? Yes/No (please circle)

If so, how many volunteers did you have last year? \_\_\_\_\_

Number of Individuals Served by Organization \_\_\_\_\_

Has this request been authorized by the organization's governing board? Yes or No (please circle)

If yes, when? \_\_\_\_\_

Has your governing board approved a policy of non-discrimination with regard to age, race, religion, sex or national origin? Yes or No (please circle) If yes, when? \_\_\_\_\_

**PROJECT DETAILS**

What are the start/end dates of your project? From: \_\_\_\_\_ To: \_\_\_\_\_

How many individuals will benefit from your project? \_\_\_\_\_

Please provide a concise 3 – 5 sentence description of your project:

How does your project align with the mission of the Mequon-Thiensville Community Foundation?  
3 – 5 sentences [or how does this project improve the lives of the residents of Mequon and Thiensville?]

**FUNDING**

Total project budget? \_\_\_\_\_

Amount requested from -Thiensville Community Foundation? \_\_\_\_\_

If you don't receive the full funding requested from MTCF, how will the project be impacted? 2 – 3 sentences.

Please identify the project's other funding sources. Please indicate the amount requested from each and if funding is pending, has been received, or was denied.

If funding is received from the Mequon-Thiensville Community Foundation, how will the grant be recognized?

**ATTACHMENTS** Please include the following with your application:

- List of Board of Directors
- Project Budget
- Operating Budget
- IRS Letter of Determination, if applicable
- Annual Report, if available

Please send the completed application form and attachments to:

Mequon-Thiensville Community Foundation

PO Box 52

Mequon, WI 53092

Questions? Please contact the MTCF President at [info@mtcfgives.org](mailto:info@mtcfgives.org)

Updated 5/24/22