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[www.eccommunityfoundation.org](http://www.eccommunityfoundation.org)

## ASSET PURCHASE OR IMPROVEMENT GRANT APPLICATION GRANT APPLICATION DEADLINE: FEBRUARY 8, 2010

### WHEN PREPARING YOUR APPLICATION PLEASE FOLLOW THESE GUIDELINES:

- See Grant Guidelines at our website when preparing this application. Applicants are encouraged to discuss their project with the Foundation staff in order to learn if the request meets the Foundation's granting guidelines.
- Type the information requested by this 3-page application, which can be downloaded from the website. Handwritten applications will not be accepted.
- Include a one-page cover letter that provides a brief introduction to your organization and a brief summary of your purchase.
- Submit **the original** completed 3-page application plus **fifteen copies** of the Asset Purchase/Improvement Information, Financial Analysis, and Description of Your Purchase/Improvement. Staple and punch for 3-hole binders. It is not necessary to include promotional materials from previous projects.
- Submit only **one** copy of each of the documents listed in the Attachments section. Mail or deliver your materials to the above address. Fax or electronic submissions are not accepted.

### APPLICANT INFORMATION:

DATE SUBMITTED: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

What is the Mission of your organization?: \_\_\_\_\_

\_\_\_\_\_

### ASSET PURCHASE/IMPROVEMENT INFORMATION:

Name of asset purchase or improvement for which you are requesting funding: \_\_\_\_\_

\_\_\_\_\_

Area impacted by this asset purchase or improvement: ↑ Culture   ↑ Education   ↑ Environment   ↑ Recreation   ↑ Social Services

What do you plan to do with the grant? (Please give a brief explanation here) \_\_\_\_\_

\_\_\_\_\_

Is this a new or ongoing project?   ↑ New\_\_\_   ↑ Ongoing\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Total Project Expenses: \$ \_\_\_\_\_ Amount Requested of the Eau Claire Community Foundation: \$ \_\_\_\_\_

How many people will this project serve?   Directly \_\_\_\_\_ Indirectly \_\_\_\_\_

Date you need the funding: \_\_\_\_\_

Targeted population to be served by this project: ↑General Public ↑Children ↑Youth ↑Adults↑Elderly ↑Disabled ↑Low-Income ↑ Minorities ↑Special Needs ↑Men ↑Women

Geographic area served: \_\_\_\_\_

Programs or purchases previously funded through the Community Foundation:

Date:	Grant amount:	Project:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FINANCIAL ANALYSIS:**

**SOURCES OF FUNDING—LIST ALL THAT YOU ANTICIPATE APPLYING FOR**

<b>INCOME</b>	<b>SECURED FUNDING</b>	<b>FUNDING APPLIED FOR</b>	<b>TOTALS</b>
EC Community Foundation	\$ _____	\$ _____	=\$ _____
Other Foundations	\$ _____	\$ _____	=\$ _____
Corporations	\$ _____	\$ _____	=\$ _____
Other (specify)	\$ _____	\$ _____	=\$ _____
<b>TOTAL:</b>			\$ _____

**PROJECT EXPENSES**

Cost of item(s)	\$ _____
Financing costs (if any)	\$ _____
Maintenance	\$ _____
Other (specify)	\$ _____
	_____

**TOTAL:** \$ \_\_\_\_\_

If your request is not fully funded by the Eau Claire Community Foundation, how will you finance your asset purchase/improvement?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DESCRIPTION OF YOUR ASSET PURCHASE/IMPROVEMENT:**

*Please limit the Description of Your Asset Purchase/Improvement answers to three typewritten pages.*

1. How does this proposal fit within the granting guidelines and mission of the Eau Claire Community Foundation?
2. How does this proposal fit within the mission of your organization?
3. Does the purchase/improvement address an important need of the community or applying organization?
4. How does it address this need?
5. Is the ongoing cost of the use/maintenance of this purchase/improvement sustainable without future funding from the Eau Claire Community Foundation?
6. How does your organization's overall operation and administrative operations benefit from this purchase/improvement?
7. Explain how you will measure the impact of this purchase/improvement.
8. Provide relevant details of the purchase/improvement, indicating how you chose particular item/vendor or items/vendors.
9. Provide a financial analysis justifying this purchase/improvement.
10. Will there be a need to train staff and/or volunteers in the use of the purchased item(s) and if so, how will this be accomplished?

**ATTACHMENTS: INCLUDE ONLY ONE COPY OF EACH OF THE FOLLOWING DOCUMENTS**

1. Your most recent audited financial statement or Form 990.
2. A list of your current Board of Directors.
3. A copy of your current IRS determination letter indicating 501(c)(3), or 509(a) tax exempt status, or evidence that your organization is not a private foundation as defined in Section 509(a). If not available, please explain status. If you using another organization as a fiscal agent or sponsoring agency, submit their tax-exempt letter and a signed letter from them indicating their sponsorship

**ADDITIONAL INFORMATION ABOUT YOUR ORGANIZATION:**

Year of Incorporation: \_\_\_\_\_

Is your organization an IRS 501(c)(3) not-for-profit? Yes\_\_\_ or No, we are using another organization as fiscal agent\_\_\_ (if No, you must include a letter of support from an eligible organization serving as fiscal agent) or Pending Approval\_\_\_

Is your organization name the same as it appears on your IRS Letter of Determination? If not, explain. Yes\_\_\_ No\_\_\_

Organizational fiscal year: \_\_\_\_\_ Total annual budget: \_\_\_\_\_

Has this project been authorized by your agency's governing board: Yes\_\_\_ No\_\_\_

Has your governing board approved a policy which states that your organization does not discriminate on the basis of race, ancestry, color, age, familial status, handicap, religion, gender, sexual orientation, marital status, lawful sources of income, national origin, or any other discriminatory practice prohibited by state or federal law? Yes\_\_\_ No\_\_\_

We certify that the information provided in this application is correct to the best of our knowledge. We understand that additional information may be required by the Community Foundation to aid the Grant Review Committee members in their review of this request. We are available to answer your questions.

Executive Director/Board President: \_\_\_\_\_  
[print name]

Signature of Executive Director /Board President \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person \_\_\_\_\_  
[print name]

Signature of Contact Person \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*\*Applications for projects in close partnership with schools also require the signature of the Administrator:*

\_\_\_\_\_  
name of district  
signature \_\_\_\_\_ title \_\_\_\_\_