**SHEBOYGAN SERVICE FOUNDATION, INC**

**2020 GENERAL FUNDING APPLICATION**

**Applications for funding requests of $2,499 or less.**

Submission must be electronically submitted with all accompanying documents via email by October 31, 2020 to [sheboyganserviceclub1931@gmail.com](mailto:sheboyganserviceclub1931@gmail.com)

Late or incomplete applications will not be considered.

*Sheboygan Service Foundation endeavours to foster interest in its members in the social, economic, educational, cultural, and civic conditions of Sheboygan County and to prepare members for continuing volunteer service within their community. We have a proud history rooted in the belief that a group of women can give a powerful witness to charity and social justice.*

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

Organization’s Director/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

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

City, ST, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*FEIN#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**Applying organizations must have 501(c)(3)status.*

Date of Incorporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_

Nature of Request (including project or program name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested (**less than $2499**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

\*A limited number of organizations are selected each year and varies depending on the amount requested by each organization and the amount of funds available. Completing this application does not guarantee your organization will receive funds from SSC.\*

For any questions we may have pertaining to this funding application, please contact:

Application Contact/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. ORGANIZATION INFORMATION**

1. Please give a brief summary of the organization’s mission and history; and a description of current programs and activities.

**II. FUNDING REQUEST**

1. Describe the program or project, including a statement of needs/problems to be addressed and description of how Sheboygan County communities will benefit.

2. How many participants will be served as a direct result of your funding request?

3. List any other actual or potential sources of funding for the program/project.

**III. ATTACHMENTS**

The following attachments must be included in all Funding Applications:

1. A copy of FEIN.
2. A copy of the current IRS determination letter indicating 501(c)(3) status.

**GENERAL FUNDING REQUEST AGREEMENT**

Has the organization’s Director authorized this request? Yes No

The undersigned, an authorized officer of the organization, does hereby certify that the information set forth in this funding application is true and correct, that the federal tax exemption determination letter attached hereto has not been revoked and the present operation of the organization and its current sources of support are not inconsistent with the organization’s continuing tax exempt classification as set forth in such determination letter. I further agree to utilize any funding received specifically for the purpose as stated above.

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Signature Print Name/Title Date