



## ***Community Enrichment Fund***

*Grants for supportive groups improving the quality of LGBT community life in Wisconsin*

### **2010 APPLICATION**

**Instructions:** Please complete the following form. Print legibly. Attach a copy of your group or community' history, and, if applicable, your mission statement and a list of your three most recent projects. Also attach a one page summary of the project to be funded, which should include objectives, timeline and means to be utilized to assess the project' level of success.

Entity Name: \_\_\_\_\_

*Select one of the following designations, answering related questions:*

\_\_\_\_\_ The entity is an established organization, club or other group seeking project funding.

**YES**    **NO**    This entity is a nonprofit organization.  
If YES, list type and any federal or state identification numbers:

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

**YES**    **NO**    This entity has received previous grants from ROW.  
If YES, list grants and amounts of previous grants in the last 2 years.

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

\_\_\_\_\_ The entity is a community of interest seeking one time funding to establish an organization, club or group to serve the needs of this community of interest.

Identify and/or describe the community of interest: \_\_\_\_\_

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

#### **Entity Contact Information**

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

City/State/Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Contact person: \_\_\_\_\_

Best times to reach: \_\_\_\_\_

**OVER**

***Project Information***

Name of Project: \_\_\_\_\_

Request amount: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Target audience: \_\_\_\_\_

Audience size: \_\_\_\_\_

Total Project Funding: \_\_\_\_\_

List other funding sources for project as applicable:

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

Select One: \_\_\_\_\_ Project is a one time event. \_\_\_\_\_ Project is recurring event or program.

Select all of the following characteristics that apply to the project:

\_\_\_\_\_ Community-building \_\_\_\_\_ Cultural enrichment \_\_\_\_\_ Educational

\_\_\_\_\_ Entertainment \_\_\_\_\_ Grassroots networking \_\_\_\_\_ Health-related

\_\_\_\_\_ Inspirational \_\_\_\_\_ Issues related \_\_\_\_\_ Legal matters \_\_\_\_\_ Spiritual

\_\_\_\_\_ Other (please list): \_\_\_\_\_

***Signature:***

Official Representative (signature): \_\_\_\_\_

Name and title (printed): \_\_\_\_\_

Date of submission: \_\_\_\_\_

***Return completed application and attachments to:***

Rainbow Over Wisconsin, Inc.

702 East Wisconsin Avenue

Appleton, WI 54911

***Please submit applications at least 90 days in advance  
of requested grant disbursement date if possible.***

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**FOR ROW USE ONLY - DO NOT COMPLETE ITEMS BELOW**

***Date Application Received:*** \_\_\_\_\_

***Date Reviewed by Grant Committee:*** \_\_\_\_\_

***Date Reviewed by ROW:*** \_\_\_\_\_

***Disposition of Application: APPROVED REJECTED RETURNED FOR ADDITIONAL INFORMATION***

***Approved Grant Amount:*** \_\_\_\_\_

***Date Final Report Requested:*** \_\_\_\_\_

***Date Final Report Received:*** \_\_\_\_\_