



Community Enrichment Fund
Grants for improving the quality of LGBT community life

2011 APPLICATION

Instructions: After reviewing the current Community Enrichment Fund (CEF) prospectus, please complete the following form as the cover sheets for your grant request. Type or print legibly. Established groups must document their not-for-profit status to be eligible for consideration. Attach a summary of the project, program or initiative to be funded according to current prospectus requirements.

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 3 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 the community of interest (Summarize proposed mission here and attach additional documentation of community and need as outlined in current prospectus):

Entity Contact Information

Mailing Address: _____

City/State/Zip: _____

Phone(s): _____

Email(s): _____

Contact person(s): _____

Best times to reach: _____

Project, Program or Initiative Information

Name of Project, Program or Initiative: _____

Requested Grant Amount: _____

Date Needed: _____

Target audience and size: _____

Service area county (counties) served: _____

Total Project, Program or Initiative Funding: _____

List other funding sources for project as applicable:

Project, program or initiative is (select one): _____ one time _____ recurring

Select all of the following characteristics that apply to the project, program or initiative:

_____ Community-building _____ Cultural enrichment _____ Educational
_____ Entertainment _____ Grassroots networking _____ Health-related
_____ Inspirational _____ Civil rights issues _____ Legal _____ 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 90 days in advance of requested grant disbursement date.
Grant Year Deadline: ROW receipt by October 31, 2011***

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: _____