

# APPLICATION FOR GRANT COMMUNITY "CHANGE" INC.

C/O Oconto Electric Cooperative & Bay Lakes Companies, LLC  
7479 REA Road – P O Box 168  
Oconto Falls, WI 54154  
920-846-2816 or 800-472-8410

~~PLEASE COMPLETE ALL SECTIONS OF THIS FORM~~

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact person if this application is for an organization/agency \_\_\_\_\_

Phone number \_\_\_\_\_

Home

Work

Grant Request Category (please check appropriate category)

Community (ex: hospitals, libraries, senior centers)

Non-Profits

Medical Help (ex: illness, accessibility assistance)

Personal Emergency (ex: fire, flood, storm damage)

Emergency Services (ex: ambulance, fire, police)

Scholarships

Youth Activities (ex: Scouts, 4-H, recreation)

Civic Groups (ex: American Legion, civic clubs)

Other \_\_\_\_\_

(specify)

If this application is for an organization/agency, is it exempt from payment of income tax?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, a copy of letter (Form 501[c]3) from the Internal Revenue Service must be attached.

Has this individual or organization received a Community "Change" grant in the past 3 years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate when the grant was received and how it was used.

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

Has this individual or organization been denied a grant in the past 3 years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate the nature of the denied grant request.

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

Amount of Request: \_\_\_\_\_

Describe the *specific project or purpose* for which the funds will be used. Attach separate sheet if necessary.

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

List any other sources of funding or forms of assistance being used for this purpose/project. Attach separate sheet if necessary.

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Please list three references.

1. \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address City State Zip Code

2. \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address City State Zip Code

3. \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address City State Zip Code

**The information contained in this statement is for the purpose of obtaining funding from Community “Change” Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Community “Change” Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. Community “Change” Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.**

\_\_\_\_\_  
Name of organization/agency/individual/family

\_\_\_\_\_  
Signature of representative / individual Date

If either my organization or I receive a grant from Community “Change”, I hereby authorize Community “Change” or its agents to print/publish my name or my organization’s name and/or photos in promotional and/or informational materials.

\_\_\_\_\_  
Signature (optional) Date

**Please note:** The Community “Change” board meets quarterly in March, June, September and December. Please submit application to the OEC address on the front of this form by the 15<sup>th</sup> of the month preceding the board meeting. If this is not acceptable, please include a separate letter that outlines the deadlines of your situation.