

Community "Change" Grant Application

Community "Change" is non-profit organization whose funding comes primarily from donations made by members of Oconto Electric Cooperative to improve area lives and communities.

Organization or individual benefitting from the grant _____

Address of above named _____

Contact person _____

Phone number(s) of Contact person _____
Home Work Cell

Email _____

Grant Request Category (please check the appropriate category that the request falls under)

- Community (ex: hospitals, libraries, senior centers)
- Medical Help (ex: illness, accessibility assistance)
- Emergency Services (ex: ambulance, fire, police)
- Civic Groups (ex: American Legion, Civic Clubs)
- Humanitarian (ex: food pantries, shelters)
- Personal Emergency (ex: fire, flood, storm damage)
- Youth Activities (ex: Scouts, 4-H, recreation)
- Other _____

Amount of Request: _____

Describe the specific project or purpose for which the funds will be used. Explain the need and the reasons for the request. Attach separate sheet if necessary.

If this application is for an organization/agency, is it exempt from payment of income tax?
Yes _____ No _____ If yes, a copy of Form 501[c]3 from IRS must be attached.

Has this individual or organization applied for and/or received a Community "Change" grant(s) in the past?
Yes _____ No _____ If yes, please indicate when the grant(s) was received and how it was used.

List any other sources of funding - received or pending - and other forms of assistance that has been applied for which will be used for this purpose or project. Attach a separate sheet if necessary.

Please list three references who are able to explain the reasons for this grant request, if contacted.

1. _____
Name Phone(s)

Address City State Zip

2. _____
Name Phone(s)

Address City State Zip

3. _____
Name Phone(s)

Address City State Zip

The information contained in this statement is for the purpose of obtaining funding from Community "Change" Inc. on behalf of the undersigned. The undersigned understands that the information provided herein is used in deciding to grant funding, and the 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 change is provided. Community "Change" Inc. is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein. The undersigned also understands that Community "Change" Inc. from time to time publishes the names and photos of grant recipients and may use the information on this application to promote the program.

Print name of representative of organization/family

Signature of representative of organization/family

Date

The Community "Change" board meets quarterly in March, June, September and December. Please submit application by the 15th of month preceeding any board meeting. If this is not acceptable, please include a separate letter that outlines the deadlines of your situation.

Return application to:
Community "Change" Inc
c/o Oconto Electric Cooperative
7479 REA Road ~PO Box 168
Oconto Falls WI 54154

Questions? Call OEC at
1-800-472-8410