



Please list three references that are able to explain the reasons for this grant request, if contacted. (Do NOT include medical professionals as they are prohibited from sharing client information)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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.

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**Print Name & Title of person submitting grant application**

**Date:** \_\_\_\_\_

**Signature of person submitting grant application**

The Community "Change" board meets quarterly in March, June, September and December. Please submit application by the 15th of month preceding 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