

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.

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_____

Name of Applicant/Non-Profit Organization:		Date:
Contact Person:		
Applicant Address:		
Applicant Telephone:		
Applicant E-mail:		
Applicant Non-profit Organization IRS TAX ID# or 501(c)	3:	(please include a copy)
Amount of Grant Requested:	Total Budget Estimate:	

Describe proposed use of potential grant funds. Please provide a detailed explanation to include estimated figures or specific equipment if applicable. Supporting documentation may be attached. Attach separate sheet if necessary.



List any other sources of funding - received or pending - and other forms of assistance that have been applied for which will be used for this purpose or project. Attach separate sheet if necessary.				
include medical professional	hat are able to explain the reasons for t s as they are prohibited from sharing cli	ient information)		
Name:	Phone(s):Phone			
Address:	City:	State:	Zip:	
Name:	Phone(s):			
Address:	City:	State:	Zip:	
Name:	Phone(s):_			
Address:		State:		

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 & 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