



Service League of Green Bay

COMMUNITY GIFTS REQUEST FOR PROPOSALS

Agencies and organizations seeking financial assistance for programs compatible with the mission of Service League are invited to submit a proposal for assistance. (See Community Gifts Program Information). All information submitted will be reviewed by members of Service League's Community Gifts Committee and will be used in evaluating your request. Please complete application cover sheet and answer each of the following. Limit your response to a maximum of three typed pages.

In the past Service League has held an open forum at Kress Library to allow representatives of organizations to speak about their proposal. This year there will be no open forum. Please be sure to provide contact person and phone number, should the committee have additional questions that need to be addressed. **Deadline for applications is postmarked by October 1st.** All gifts will be distributed after January. All applicants will receive notification in February.

Agency and Program Information

Describe your agency

Describe the program for which you are requesting funds. Include information regarding who will be served, how many, their ages and how they will be selected.

Objectives: In terms of the broad benefit to the children in the community, articulate what you hope to achieve with this grant. This should not be a review of the proposed activities of your organization, but rather a discussion on how implementing this proposal will improve the quality of children's lives in Brown County.

Describe the duration of the program including the schedule/timetable for your actions for these funds.

Budget and Funding Information

Amount Requested

Breakdown of how the money will be used (supplies, personnel, etc.)

What is currently your main funding source for this program?

Are the participants charged a fee for this program?

Include your current financial statement

Future funding: Share your plans for funding these activities beyond the duration of this grant request. What will happen if the committee is unable to fund or funds only a portion of the request?



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COMMUNITY GIFTS APPLICATION COVER SHEET

Name of organization/group: _____

Address: _____

Agency Phone: _____ Email: _____

Primary contact person for this grant application: _____

Phone: _____ Email: _____

Amount requested: \$ _____

Brief description of request: _____

General mission of organization/group: _____

Return one original and four copies postmarked by October 1st to:

Service League of Green Bay
ATTN: Community Gifts
PO Box 372
Green Bay, WI 54305