



## Application for a Grant Request

Please submit Application to: [grantchair@suwis.org](mailto:grantchair@suwis.org)

Or Salmon Unlimited of Wisconsin

761 A Marquette Street Racine WI 53404



Name of Organization: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Primary Contact Persons Email: \_\_\_\_\_

Primary Contact Person Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

What type of a Organization are you? \_\_\_\_\_

Is your Organization a 501 ( c ) 3 : \_\_\_\_\_

How many years have you been a Organization? \_\_\_\_\_

What is Your EIN # or Tax ID: \_\_\_\_\_

Do you have a Mission Statement you can share? \_\_\_\_\_

Have you received a Grant before? \_\_\_\_\_

If Yes, please tell from who and what purpose you used the Proceeds for:

What will the new proceeds be utilized for? \_\_\_\_\_



Timeline of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What Dollar Amount are you requesting: \_\_\_\_\_

Has your organization done any fundraising to help offset costs of this project? If answer is yes describe and give dollar amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a Start Up Organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What will be the impact in the Community once the project is completed

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