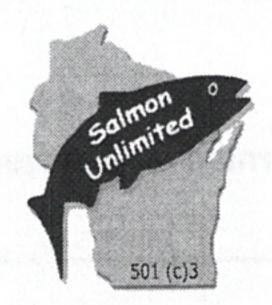


## Application for a Grant Request

Please submit Application to: 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?

meline of Project:		
Vhat Dollar Amount are you	u requesting:	
las your organization done	any fundraising to help offset costs of this project? If answer is y	es
lescribe and give dollar amo		
s this a Start Up Organizatio	on?	
Vhat will be the impact in the	the Community once the project is completed	
		3310 iš 986