



Grant Request Application

Applications are reviewed by the CoVantage Cares Foundation, Inc. Board of Directors on a quarterly basis.

APPLICANT INFORMATION:

Date submitted: _____

Organization Name: _____

Organization EIN: _____ Is your Organization tax exempt? _____

If yes, please attach tax exemption letter or other evidence of tax exemption. (proof of your exempt status)

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Email Address: _____ Web Address: _____

PROJECT INFORMATION:

Please address the following questions on a separate sheet of paper, in 500 words or less, along with the completed Grant Request Application.

1. Describe the proposed program or project.
2. Describe the specific need the funding would support.
3. What are the goals of the program or project (these should be measurable)?
4. Describe the total number and demographic of the individuals that will benefit from this request, (example: provide 100 youth aged 4-10 with 2 healthy meals a day for 50 days).
5. This donation will primarily serve (City/County): _____
6. Please include a budget which supports your request, and purchase documentation for the amount requested.

Total project/program expenses for this request: \$ _____

Amount requested of CoVantage Cares Foundation, Inc.: \$ _____

Have you requested funding for this project from other grant providers? Yes No

Project start date: _____ Project end date: _____ Date funding is needed: _____

Is this project/program/event: New Ongoing Both

Primary area of community impact addressed by *this* specific request:

Basic Needs Financial Literacy and Education Community Enhancement

CoVantage Cares Foundation, Inc. / PO Box 272 / Antigo, WI 54409

Phone: 715.627.4336 / Email: covantagecares@covantagecu.org

Revisions:
9/2019; 4/2020;
08/2023, 2/2024

ADDITIONAL ORGANIZATION INFORMATION:

Year of Incorporation: _____

What is your organization’s mission? _____

Has your organization applied to CoVantage Cares Foundation or CoVantage Credit Union for funding in the past 24 months? If so, how much was awarded? _____ and what was that specific request for:

I/We certify that the information provided in this application is correct to the best of our knowledge.
I/We understand that additional information may be required by CoVantage Cares Foundation, Inc. to aid the Board of Directors in their review of this request, and we are available to answer your questions.

The undersigned grants to CoVantage Cares Foundation, Inc. and CoVantage Credit Union, its representatives and employees (collectively, “CoVantage”) the right to take photographs of me/my organization, its employees, representatives, members, and property in connection with this grant request; and further authorizes CoVantage and its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that CoVantage may use such photographs with or without my/my organization’s name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content.

Representative (Print Name & Title)

Contact Person (Print Name & Title)

Representative Signature

Contact Signature

Date Signed

Dated Signed

How did you learn about CoVantage Cares Foundation, Inc.?

- CoVantage Staff
- CoVantage Website
- Facebook
- Email
- Other _____

Describe how CoVantage Cares Foundation support will be recognized or acknowledged:

(Please check each item that applies)

- Banner at event
- Logo in print ads or digital campaigns
- Named in media releases
- Name in Radio ad(s)/Logo in TV Ad
- Program Ad
- Other _____

All grant applications are subject to review of the organization’s mission, reputation and activities and the organization’s agreement to comply with any terms and conditions that may accompany the grant. Submission of an application does not guarantee funding.

Please combine all information into one PDF document and submit via email to: covantagecares@covantagecu.org