



2020-2021 GRANT Request Form

Organization Information

Date Submitted: _____

Name of Organization: _____

Address: _____

Contact Person Information

Name: _____

Phone: _____

Title: _____

E-mail: _____

Is your organization's 501c3 status current? Yes No

What is the mission of your organization? _____

Amount requested: _____

When are funds needed by? _____

** We typically have a two-month turnaround time to approve funds.*

Brief description of the project or program needing funding:

**Please provide a budget of the program expenses.*

(This application must be signed by the president or another officer of the organization's governing body:)

Signature: _____ Print name: _____

Return this application to: **Service League of Fond du Lac, Inc.**

P.O. Box 185,

Fond du Lac, WI 54936-0185

Or email to : Serviceleaguefonddulac@gmail.com

Service League of Fond du Lac, Inc.

Mission: *To build a better future for our community through volunteer leadership, committed service, and the power of women to improve the cultural, economic, civic, social and educational lives of those in Fond du Lac county.*

Vision: *To grow the spirit and potential of the Fond du Lac community.*