

MARSHFIELD AREA COMMUNITY FOUNDATION, Inc
Greg and Sally Rindfleisch Performing Arts Fund
GRANT APPLICATION

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NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY: _____ ZIP: _____

TELEPHONE #: _____ E-MAIL: _____

TITLE OF PROJECT: _____

DATE APPLICATION SUBMITTED: _____

AMOUNT BEING REQUESTED: \$ _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ ZIP: _____

TELEPHONE: _____ (Day) _____ (Eve.)

CELL PHONE: _____ E-Mail: _____

Is this a 501(c)(3) ----tax exempt----organization? YES NO
(CIRCLE ONE)

IF YES, Please attach a copy of the organization's IRS determination letter.
IF NO, Please explain non-profit status on a separate sheet of paper.

**ON A SEPARATE SHEET OF PAPER, PLEASE
RESPOND TO THE FOLLOWING REQUESTS
PERTAINING TO YOUR APPLICATION FOR FUNDING:**

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- 1. Besides you as contact person, name two other people who will be working on the project who will have knowledge of the details of the proposal. Include names, addresses, and contact information.**
- 2. Please provide a statement of the non-profit organization's purpose or mission statement including a brief statement describing the organization's history of producing performing arts events in the Marshfield area. Please attach a few recent artifacts: portfolio, printed programs, photos, flyers, testimonials, media coverage etc.**
- 3. Describe, in as much detail as needed, the proposed project or activity in the performing arts for which you are requesting support. Include dates, times, and places in your description.**
- 4. Please provide a general budget (revenue and expenses) of the proposed project and indicate the amount of money you are requesting as a grant.**
- 5. Describe the potential numbers and types of people who will benefit from this project-----as direct participants and/or audience members.**

Required Signature

This is to certify that we have read the history and purpose of the *Greg and Sally Rindfleisch Performing Arts Fund*. In addition, we have read the Criteria and Procedures which are the guidelines prepared by the Fund Advisory Committee for completing the application form. Further, should this project be funded, we agree to provide a written narrative report of how the grant was of benefit to the producing agency.

(PLEASE PROVIDE THE PRINTED NAME AND SIGNATURE OF THE REPRESENTATIVE
OF THE PRODUCING ORGANIZATION WHO WILL SERVE AS THE CONTACT PERSON).

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

Submit application to:

**MARSHFIELD AREA COMMUNITY FOUNDATION, Inc 211 E. 2nd St. Suite 2, Marshfield, WI 54449
Or drop it off at 211 E. Second Street, 2nd Street Community Center MARSHFIELD, WI**