

## Poynette Area Community Endowment, Inc. Grant Application

The purpose of the Poynette Area Community Endowment (PACE) is to provide financial assistance in the form of grants to further education, community improvement, community involvement, community beautification, and support of other groups for the betterment of the greater Poynette, Wisconsin area.

PACE grants are limited to projects that serve people who reside in the area bounded by the School District of Poynette. Pace does not fund religious activities, individuals or groups without 501(c)(3) designation, organizations that practice discrimination, or political activities.

### Grant Guidelines:

- **Combined grants** for any year will generally not exceed **\$200,000** in any calendar year. **Individual grants will typically not exceed \$40,000.**
- Grant Applications must be received by PACE on or before **October 1<sup>st</sup>** to be considered for funding in the current year.
- PACE may require additional information following the submission of grant applications.
- Grant recipients must submit a final report within one year showing the use of funds from their grant.

### Application Process:

- Complete this application form plus up to one page of narrative.
- Incomplete applications will not be considered.
- Include proof of 501(c)(3) status.
- Include a list of all board members and officers of your organization.
- Return to PACE, Box 123, Poynette, WI 53955.
- Questions regarding this application may be directed to the email address: [Paceinc2023@gmail.com](mailto:Paceinc2023@gmail.com) or the post office address.

Date: \_\_\_\_\_

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

Contact Person/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization Website, if any: \_\_\_\_\_

Project Name: \_\_\_\_\_

Duration of Project: dd/mm/yy to dd/mm/yy \_\_\_\_\_

Total project budget: \_\_\_\_\_

Total amount of request: \_\_\_\_\_

Total Budget for last Fiscal Year: \_\_\_\_\_

Tax Exempt Status: \_\_\_\_\_

EIN: \_\_\_\_\_

	Yes	No
Has your organization received funds in the past from PACE?	_____	_____
Amount Received: \$ _____		
Is this a new project?	_____	_____
Will the project move forward without this funding?	_____	_____
Will you accept partial funding of your request?	_____	_____
If you replied yes to the last 2 questions, please explain in narrative.		

**Narrative:** (attach up to one page for narrative)

- Describe your **Organization** (mission, history, deficit from last year)
- Describe the **Project** (purpose, activities, population served, expected outcomes)
- How will the grant money be spent?
- If you have received PACE grant money in the past, please explain how it was used.

I/we certify that the recipient does not discriminate, is not participating in political activities or funding, and will not be used for a religious activity.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_