

Sponsorship Request Form



Sec. 5, Board Policy 5b - 07/11/2023

Sponsorship requests may be made for amounts under \$1000 up to two weeks before the next scheduled Board meeting. Regular Board meetings are the 2nd Wednesday of January, March, May, July, September, and November (subject to change). Sponsorship requests may be made for programs or events that contribute to the culture, character, or enjoyment of the Lake Mills area. The program or event may be one time or annual. Application frequency may not exceed once per year. Applications may be mailed to Lake Mills Area Community Foundation, P.O. Box 33, Lake Mills, WI 53551, emailed to contact@lmacf.org, or hand delivered to any Director.

First-Time Applicants

Organization Name: _____

Address: _____

Phone: _____

E-Mail/Website _____

Organization's Tax Identification Number (EIN):

(This number may need to be disclosed by our Foundation, as a part of IRS 990 grant filing requirements.)

Organization's primary service category (check one):

- Arts/Culture Health Human Services
 Civil/Economic Development Education
 Environment Other (specify)

Brief summary of your organization's charitable qualifications in partnering with the Foundation

(Your mission, goals, history, programs, and major accomplishments in the Lake Mills area):

Prior-Year Applicants

Organization Name: _____

Current Contact: _____

Please list any changes since most recent application (address, phone, e-mail, website, primary service category, charitable activity, etc.)

Program/Event Name:

Total Program/Event cost: \$ _____

Sources and amounts of funds raised/pledged to date:

Amount of funds requested of LMACF: \$ _____

Date funds needed: _____

Please sign the Certification on Page 2.

First-Time Applicants	Prior-Year Applicants
<p>Contact Person(s) for Sponsorship Request:</p> <p>_____</p> <p>Phone(s) _____</p> <p>E-Mail(s) _____</p> <p>Program/Event Name:</p> <p>_____</p> <p>Please describe the Program/Event and how the funds will be used:</p> <p>How would the Lake Mills area benefit if this program/event is awarded an LMACF sponsorship?</p> <p>Total Program/Event cost: \$_____</p> <p>Sources and amounts of funds raised/pledged to date:</p> <p>Amount of funds requested of LMACF: \$_____</p> <p>Date funds needed: _____</p>	

(You may attach supporting information which may help in considering this request. The Board may request financial statements showing Program/Event budget or organizational balance sheets and income statements.)

Certification of Information Presented:

I hereby certify that I have read the Lake Mills Area Community Foundation’s Grant & Sponsorship Request Policy, that this request meets all of the required guidelines of said Policy, and that all the information submitted with this application is true and accurate to the best of my knowledge.

Signature of Authorized Person

Date

Supervisor Signature (if applicable)

Printed Name & Position

Printed Name & Title