25037 - Capital Grant Application

Application Details

Funding Opportunity:
Funding Opportunity Due Date:
Program Area:
Status:
Stage:

Initial Submit Date:
Initially Submitted By:
Last Submit Date:
Last Submitted By:

Contact Information

Primary	Contact	Information	tion
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Name:	Salutation First Name Middle Name Last Name
Title:	
Email*:	
Address*:	
	City State/Province Postal Code/Zip
Phone*:	Phone Ext. ####-#####
Fax:	####_#################################
Organization Information	
Name*:	
Organization Type*:	
Organization Website:	
Address*:	

City State/Province Postal Code/Zip

(mmddyyyy)

Date when organization received 501(c)(3) federal tax-exempt status (mm/dd/yyyy):

Project Information

Primary activities must fall within project period described in Funding Opportunity.

For Capital projects, the Commission considers the project start and end dates to be the dates between which the primary project activities will actually be carried out (construction dates, equipment purchase period, etc.).

Project Start Date*:

Project End Date*:

Capital Expenditure Category*:

Dane County Supervisory District*:

Click here to look up your district(s): ...

Provide a one or two sentence summary that could be used in future press releases to describe your project. (Max. length is 50 words.)

Abstract*:

Fiscal Receiver / Secondary Contact Information

Use this section to enter the contact information for your Fiscal Receiver, if your organization is using one. If you are not, you may use this section to provide information for an additional project contact person, if appropriate.

FISCAL RECEIVER:	
Contact Person:	
Title:	
Address:	
Phone:	
Email:	
How did you hear about this opportunity?:	

Project Narrative

Provide a brief summary about your organization, including history, programs, goals, major accomplishments, success stories, qualifications. (400 words maximum)

Applicant Info/Background*:

Explain merit of project, describe what the capital purchase/improvement will resolve and why it is a priority at this time. (400 words maximum)

Merit of Project*:

Describe organizational capability (project management, equipment/vendor/contractor selection, oversight), and plan for implementation (goals/outcomes, work plan and timeline, evaluation). (400 words maximum)

Organizational Capability and Implementation*:

Articulate the public value of your project as it relates to the size and characteristics of the community/population, including estimate of individuals engaged or served. Explain why your project benefits Dane County and merits tax-payer dollars. (300 words maximum)

Primary Community/Population Served and

Public Value*:

Lease or consultant: If grant funds will be applied to facility not owned by applicant, address terms of lease and landlord approval. If expertise of consultant is required to successfully complete project, address credentials, role and selection of consultant. (200 words maximum)

Lease or Consultant:

Budget

Capital Expenses (Cash)

Category	Explanatory Notes (25 char. limit)	Expense Covered by Grant	Cash Amount
Equipment			
Capital Improvements			
Supplies/Materials			
Personnel			
Other			
Capital Income (Cash)			
Category	Explanatory Notes (25 char. limit)	Status	Amount

Income Source 1
Income Source 2
Income Source 3
Income Source 4
Income Source 5
Income Source 6
Income Source 7

Income Source 8

Budget Narrative

Additional explanation of budget figures. Be sure that any explanation of budget figures in this section matches the budget figures included above.

Budget Summary		
Total Expenses (Cash):		
Total Income (Cash):		
Total Request Amount:		
Total Request Percentage:		
Total Budget:		
Attachments/Supplemental Materials		

Named Attachment				Required Description	File Name Type Size	Uploa Date
Required (for all applicants)						
Please Note: Cost Estimates	nust be from <u>2</u> separate vendors					
Professional cost estimate or process/rationale for selection	bid, or equipment/capital improvement specification n from Vendor #1*	s incl brief descriptior	n of	\checkmark		
Professional cost estimate or process/rationale for selection	bid, or equipment/capital improvement specification n from Vendor #2*	s incl brief descriptior	n of	\checkmark		
Project personnel: list and evid	dence of qualifications*			\checkmark		
Current Letter of support #1 from the community at large (highlighting rationale for undertaking capital purchase or improvement, public value, commitment)*				\checkmark		
Current Letter of support #2 from the community at large (highlighting rationale for undertaking capital purchase or improvement, public value, commitment)*			urchase or	\checkmark		
Current Letter of Support #3 (o	ptional)					
Required for Applicant (Organ	nizations Only)					
Mission statement						
List of officers/board members	s and primary staff involved in project					
Year-end income/expense sta	tement from immediate past fiscal year					
Income/expense statement fro	om current fiscal year					
IRS federal tax-exempt 501(c)(3) determination for your organization or fiscal receiv	<i>i</i> er				
Required for Applicant (Using	a Fiscal Receiver Only)					
Letter of Commitment from Fis	scal Receiver					
Other Attachments	3					
Description	File Name	Туре	Size	Uplo	ad Date	
	No files attached.					
Authorization/Certi	ification					

The undersigned hereby certifies that the information contained in this application and all attachments are true and correct to the best of his/her knowledge.

Applicant/Authorized Official*:

Title*:

Date Signed*: