



TCTS Grant Committee
PO Box 233
Tomahawk, WI 54487
TCTSGrant@gmail.com

Grant Application

Application Date:

Organization Information

Contact Name:

Email:

Phone:

Organization Name:

Address:

City, State, Zip:

Federal Identification Number:

Organization Website:

Does your organization have any Political Affiliations?

Yes

No

Executive Board of Directors:

Member Name

Phone/Email

Position

President/Director

Vice President

Secretary

Treasurer

Key Staff:

Name and Title

Paid

Volunteer

Annual Budget

(Attach copy if available)

Major Funding Sources (Enter Percent of Total Income)

Individual Donations

Corporate Donations

Foundation Grants

Government Grants

Fundraisers

Other
(Explain)

Total = 100%

Organization Mission Statement

Grant Amount Requested

Statement of Need – Intended Use

Signature/Title:

Date:

Attach supporting documents, COPY of Federal 940, Budget, Financial Statement