

The Greater Milwaukee Association of REALTORS® manages the Youth Foundation, Inc. 11430 W. North Avenue Milwaukee, WI 53226 414-778-4929

Grant Request Application

	Contact Information		
Name of Organization			
Address	City:	State:	Zip:
Phone			r
Contact Person / Title			
Email	Web	Site	
Has your organization received funding in	the past from the Youth Fo	undation?	
YesNo	If yes, what date(s) and am	ount(s) within the past	three years
Program /	/ Project Request Info	rmation	
	•		
Amount requested \$			
Program / project name and need			
Choose the area below that best describe	s your organization's progra	am / project	
Social Serv	rices Education	on Arts	
Program / Project title			
Number of people to be served within this	program from of this grant	request	
		· 	
Age of program			
Project description (use additional attachr	nent if necessary)		

Describe how you will measure the progress and ultimate success of the proposed program /project			
(Smart Goals: Specific, measurable, attainable, realistic, timely)			
Is there a specific date your organization needs these funds?			
Financial Information			
Are there other sources of financial support for this program / project?			
Organization Information			
Organization Mission (Use attachment if needed)			
Age of organization			
Age of organization			
IRS ruling date of exemption			
Is the organization affiliated with any other organizations (parent, religious, national group, etc.)?			
If yes, please identify affiliation			

Primary county served by your organization:	
MilwaukeeWashington Waukesha	
Has your board approved a policy stating that your organization does not discriminate based on sexual	
orientation, ancestry, age, race, religion, color, disability, sex or national origin? Yes No	
The undersigned hereby verifies that he/she is authorized by the applicant organization to submit this application, that the information contained in the application and supporting documents is true and correct, and that its tax exempt status has not been revoked or modified.	
Signature Date	
Submit the following with your application: 501 (c) (3) IRS Tax Exemption Letter	
Last fiscal year actual income and expense statement	
Current financial statements	
Most recent 990, audit, review or compilation report (If unavailable submit last years-end income ar	nd
expense statement.)	
Annual operating budget for the current year identifying the projected revenue sources	

Applications must be delivered to the GMAR office by US mail or other delivery services, including personal delivery. <u>Email submittals will not be considered.</u>

Project or program budget

Board of Directors / Trustees Roster with their affiliation

Attn: Scott Bush GMAR Youth Foundation 12300 W. Center St. Milwaukee, WI 53222