BUDGET DETAIL: What specifically will the funds from the New Richmond Area Community Foundation be used for? Please itemize below. Add an additional sheet of paper if more space is needed.

Item	Cost

Total Project Cost _____ **Total Amount Requested** _____

SOURCES OF FUNDING:

Organization Name	Secured	Pending	Amount
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

Total Project Cost (Should match amount above.) _____

AUTHORIZATION: I approve submission of the proposal. I agree to spend any funds awarded as described in this proposal and will allow the New Richmond Area Community Foundation to verify.

Signatures by Applicant Organization

Contact Name and Title _____

Signature and Date _____

Top Paid Staff/Board Chair Name and Title _____

Signature and Date _____

PROPOSAL CHECKLIST AND ATTACHMENTS:

1. Completed Application Form, including official signatures. ***Note that all applications from the New Richmond School District must be signed by the District Administrator.***
2. Your proposal narrative, one or two pages.
3. List of your organization's Board of Directors or head of organization.
4. IRS letter of determination of 501(c)(3) or 170(b)(1)(a)
5. YOUth and Families Supplemental Grant Application, if applicable.

Please submit the original and six copies of this form, the narrative, and any attachments to:

New Richmond Area Community Foundation
1100 Heritage Drive
New Richmond, WI 54017