

# CAPITAL credit union Charitable Giving Fund

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## GRANT APPLICATION GUIDELINES

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### Purpose

The *Capital Credit Union Charitable Giving Fund* was established to support projects and programs that provide for basic needs (food, shelter, clothing and medical care), making a positive impact on the lives of those in the communities served by Capital Credit Union.

### Application Procedures

Capital Credit Union makes charitable grants from the fund established within the Community Foundation for the Fox Valley Region, Inc. To be eligible to apply for a grant, organizations must:

- Be a public charity, as determined by the IRS and described in § 501 (c)(3) of the tax code (educational institutions and government programs/entities are not eligible for consideration.)
- Provide, or propose to develop, services that are focused directly on improving the availability of, or providing for, basic needs in our community.
- Benefit specific communities served by Capital Credit Union. These include the counties of Calumet, Outagamie, and Winnebago in the state of Wisconsin.

*The completed application form should be mailed to:*  
Community Foundation for the Fox Valley Region, Inc.  
Attn: Shelly Leadley  
P.O. Box 563  
Appleton, WI 54912

**Application due dates:** Grant applications are accepted annually with a submission deadline of December 31.

A Grant Distribution Committee will review the applications and make recommendations for funding. The Capital Credit Union Charitable Giving Fund is not to be viewed as an ongoing funding source.

**Questions about the grant application process should be directed to:**

Shelly Leadley, Donor Relations Officer  
Community Foundation for the Fox Valley Region, Inc.  
Phone: 830-1290 E-mail: [sleadley@cfoxvalley.org](mailto:sleadley@cfoxvalley.org)

# CAPITAL credit union Charitable Giving Fund

## GRANT APPLICATION



DATE \_\_\_\_\_

AGENCY NAME \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_

AGENCY CONTACT \_\_\_\_\_ POSITION \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

1. Please describe the agency mission:

2. For what program(s) or service(s) are you requesting funding from the Capital Credit Union Charitable Giving Fund? What is the project timeline? Who will be served? How do these program(s)/service(s) meet the purposes of the Capital Credit Union Charitable Giving Fund?

3. Amount of funding requested: \$ \_\_\_\_\_ Date funding is needed: \_\_\_\_\_

4. Do you foresee an ongoing need of funding the program/service for which you are requesting a contribution, or is this a one-time request?

One-time request \_\_\_\_\_

Ongoing \_\_\_\_\_ Period of time \_\_\_\_\_

5. Please provide a detailed description of how this program or project will provide basic needs fulfillment within the community.

6. What are the other sources of income for this particular program/service? If you have requested or are receiving funding from other organizations for this program/service, please list them below and explain the status of your request (pending, approved, denied).

7. Additional information you would like the Grant Distribution Committee to consider: