

**Arcadia Community Chest
Application 2020
Date Due: November 16th, 2020**

FUNDING REQUEST

General Information

Name of Organization: _____

Contact Person: _____

Contact person Email Address: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Organization Website: _____

Funding Request

On the back of this application please provide a brief narrative description of:

- Amount of funds requested (i.e. \$100, \$250, \$500, etc)
- If granted, what will the funds be used for
- Number of members in your organization that will benefit from granted funds
- Names of other organizations that you have approached for funding

Please return this completed form, with the attached narrative description, to:

**Arcadia Community Chest
P.O. Box 54
Arcadia, WI 54612**

Arcadia Community Chest
Annual Meeting
December 2, 2020
6:00 pm
Wanek Center – Studio A – Arcadia

Complete the back side of this application

- Amount of funds requested (1.e. \$100, \$250, 500, etc) \$_____
- If granted, what will the funds be used for.
- Number of members in your organization that will benefit from granted funds.
- Names of other organizations that you have approached for funding.
- Additional information you would like the committee to consider.