

New Glarus Youth Committee Request for Matching Funds

Date of Request: _____

Contact Information

Organization Name: _____

Contact Person / Individual submitting request:

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Email: _____

Organization Information

Please give a brief description of your organization including the purpose:

Please list your local board of directors or other governing body (*provide names and titles*):

Does your organization have state, national, or corporate affiliations?

If so, please describe:

What are the main sources of funding for your organization?

What service activities does your organization take part in?

Project Details

New Glarus Youth Committee is willing to match funds up to \$1,000 for a special project. The youth involved with your organization **must** be actively involved in the fundraising.

Why are you holding a fundraiser? _____

Please give us a brief description of your fundraising project: _____

Project starting date: _____

Anticipated completion date: _____

How much money do you anticipate earning with this project? _____

Matching grant amount being requested of Visions Youth: _____
(\$1,000 maximum)

By what date do you need our reply? _____

If request is approved, who would check be made payable to:

Granted funds will be disbursed upon verification of youth hours worked on this project.

Any other comments you wish to make:

Requests are reviewed on the 1st and 3rd Wednesday of each month write the date of the meeting that you would like to make your presentation to our group: _____

Please submit form at least one week prior to your chosen meeting date to:

New Glarus Youth Committee, Box 68, New Glarus, WI 53574
or email to ngyouthcomm@gmail.com

For Youth Committee action only - Youth Committee Board Action

Board Action Taken

- We are awarding you \$ _____
- We request a written or oral report following your event / purchase
- We will request a picture during fund exchange for the local newspaper
- The board has declined to fund this project at this time.

Date:

Comments:

New Glarus Youth Committee Matching Funds Verification Form

Fill out the form below at the conclusion of your organization's fundraiser.
Send the completed form to: NG Vision Youth Committee, PO Box 68, New Glarus,
WI 53574 or ngyouthcomm@gmail.com

Name of Organization: _____

Name of Fundraiser: _____

Date(s) of Fundraiser: _____

Fundraiser Chairperson: _____

Phone: _____

Number of Adult Participants (Workers): _____

Number of Youth Participants (Workers): _____

Gross Receipts: _____

Expenses: _____

Net Profit Subject to Matching Funds: _____

Make Check Payable to: _____

Send matching funds check to:

Name: _____

Address: _____