

# FRINGE BENEFITS THRIFT STORE SHOP RECYCLE SAVE TO HELP ANIMALS

## GRANT APPLICATION

Date\_\_\_\_\_

### ORGANIZATION INFORMATION

Charitable Organization No.\_\_\_\_\_ (credential number/CES)

Name\_\_\_\_\_

Name (and title) of Contact\_\_\_\_\_

Organization's Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Website\_\_\_\_\_ email\_\_\_\_\_

Organization's Phone \_\_\_\_\_ Contact Phone\_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING ACCORDING TO THE LAST FISCAL YEAR

Income\_\_\_\_\_ in\_\_\_\_\_ (yr)

Expenses\_\_\_\_\_ in\_\_\_\_\_ (yr)

Number of animals taken in and/or aided by your organization:

\_\_\_\_\_ in\_\_\_\_\_ (yr)

Summary of request, i.e., assistance for a specific program/dollar amount, etc:

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Please submit with this application any of the following recommendations.

- A written document explaining what the organization does, its mission, a brief description of its history, etc.
- Statement of need and the goals attainable through funding received.
- If the request being made is for a specific program, please describe that program and its objectives.
- Attachments stating the organization's budget or annual report, etc.

*I acknowledge that all information given with this request is true and is kept confidential. I understand that Fringe Benefits may request additional information to aid in processing this grant application. I understand this request does not guarantee a grant and that Fringe Benefits will review this request and disperse funding according to their internal structure and on the basis of funding availability. I understand that Fringe Benefits will give a timely notice of their position regarding this request.*

Signature of applicant/contact \_\_\_\_\_ Date \_\_\_\_\_

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