



**BADGERLAND LACROSSE, INC.  
DEVELOPMENT GRANT**

**APPLICANT INFORMATION**

Association/Club/Area:

Date Organized:

EIN #:

Entity Type:  501(c)(3)     Other \_\_\_\_\_

Current address:

City:

State:

ZIP Code:

Email Address:

Phone Number:

Amount Requesting:

Is this a Matching Grant?:

Total Participants in Club:

Age Levels:

Gender:

**Definitions:**

*EIN #:* Employer Identification Number

*Matching Grant:* You are already receiving a donation from another individual or organization, and are looking for a matching donation from Badgerland

**Complete below: Details regarding use of grant funds, including planned dates, times and locations of developmental activities, programming, events, etc. that the grant funds will be used for. Attach additional information if needed.**

Large empty rectangular area for the applicant's signature and date.

**SIGNATURE**

Signature of applicant:

Date:

**OFFICE USE ONLY**

Date Received:

Received by:

***RETURN TO BADGERLAND TREASURER BY FEBRUARY 1, 2020, FOR CONSIDERATION BY THE BADGERLAND LACROSSE BOARD.***

***ONCE AWARDED, THE RECIPIENTS WILL BE NOTIFIED BY E-MAIL.***