

Wisconsin Council on Problem Gambling, Inc.

**GRANT APPLICATION
(Please Type)**

Name of organization/group: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Name and Title of Chief Administrator: _____

Phone: _____

Fax: _____

Chairperson of governing body: _____

Amount requested: \$ _____

General mission of organization/group including year of establishment: _____

Has the governing board approved a policy which states that the organization does not discriminate as to age, race, religion, sex, or nation origin? (You may be asked to furnish a copy.)

Yes: _____ No: _____ If no, explain: _____

Please submit copies of the following with this cover sheet:

1. Complete list of the organization's officers and directors.
2. The organization's most recent audited financial statement; if an audit is not available, submit the actual income and expense statement from the past fiscal year.
3. Copies of the IRS federal tax exemption determination letters, if applicable.
4. Project Narrative and Budget (respond to questions in instructions for grant applications - **maximum of three pages** - including the budget)
5. Please submit an original and two copies of above information.

Submitted by: _____

Signature – Chief Administer _____

Date _____

Signature – Chairperson of Governing Body _____

Date _____