



Charles D. Jacobus Family Foundation
2010 Healthy Children's Initiative: Application

Due: June 9, 2010
Important: (see page 6 for details)

I. Agency Information

Name: _____

Address: _____

Web Address: _____

Phone Number: _____ - _____ Business Hours: _____

Contact Person: _____ Title: _____

Email: _____ Fax Number: _____ - _____

Site Visit Locale: _____ Phone Number: _____ - _____

Site Visit Date: _____ Time: _____

Site Visit Contact: _____ Cell: _____

II. Program Information

A. Please give an overview of the program for which the grant would be used:

Program Title: _____

Staff Person in Charge: _____

Overview of Program (How it works and Why it is necessary): _____

B. Amount of your request: \$ _____ Total Budget for Program: \$ _____

C. Total Budget for the Program (please provide an itemized budget, include how the funds from the Charles D. Jacobus Family Foundation will be used AND who are your other sources or potential sources for funding, see worksheet III):

D. Is the program a collaboration with other agencies? _____ If YES< list those agencies and their contributions (if you are working with schools, please list schools, too):

E. How did your agency decide there was a need for this program? _____

F. How many children will this program serve and what are the demographics of those children?

G. Are there any other agencies in your neighborhood providing similar services to children? _____ If YES, how do you work with those agencies?

H. Has your program been endorsed by other groups in the city? _____ If YES, which ones?

I. How long has your organization worked with children/families? _____ What have you learned to improve in your program?

How have you changed because of this knowledge? _____

J. What will motivate children/families to participate in your program? _____

K. How is the economic downturn effected your organization? _____

L. What can the community do to help non profits in a time of econonic downturn? _____

Return Application to:

Missy MacLeod

President

Charles D. Jacobus Family Foundation

P.O. Box 13009

Milwaukee, WI 53213

or

email the application and cover letter to:

foundation@jacobusenergy.com

Fax: 414-359-1357

Drop-off Address: 11815 W. Bradley Road

Milwaukee, WI 53224

APPLICATIONS DUE: June 9, 2010

Questions: 414-577-0252

***Include a one page cover letter summarizing the program.**

Use additional pages to communicate your answers if needed.

III. Program Budget

Amount Requested: \$ _____ Program Budget: \$ _____

Program Name: _____

Revenue

Resource	Total	Committed	Pending
1.			
2.			
3.			
4.			
5.			
Total Project:	\$ _____	\$ _____	\$ _____

Expenses (please list)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.

Total Project: \$ _____