**“What If” Grant | Guidelines and Application Form**

*Incourage Community Foundation provides resources to advance equity, inclusion and opportunity in the south Wood County area of Wisconsin. We envision an adaptive community that works well for all people.*

**“What If” Grants** are intended for resident-led projects that bring other people together to move a good idea to action.

**We are looking for ideas that:**

* Start with a conversation among neighbors.
* Connect neighbors in moving a ‘what if’ idea into action – using their own talents and resourcefulness.
* Intentionally welcome and involve people and groups who may not customarily connect.
* Provide opportunities for people to learn together while doing.
* Provide opportunities for people to try out and grow their community leadership skills.

**Who may apply?**

* A ‘project team’ that includes at least three unrelated individuals who agree to work together on an idea, even if they’ve never worked together before.

**Guidelines**

* Grants may help with expenses that support community involvement. For example, items such as supplies, refreshments and other one-time expenses could qualify.
* Keep grant requests to $2,500 or less. Complete the application on the following page.
* Grant requests may be submitted at any time.
* All recipients must report on expenditure of grant dollars and results within one year of the grant award.

**Please allow 2-4 weeks for a response to your grant application.**

**“What If” Grants are NOT intended for:** salary, operating, facility improvements, debts, fundraising, continuous funding, equipment that could be borrowed, items that could be donated by other sources, or block parties and other social events unless they have a clear plan to create further opportunities for the neighborhood or community. Grants cannot support projects that occur prior to a grant decision.

**“What If” Grant Application**

Please fill out this application form completely before submitting.

|  |  |
| --- | --- |
| **Name of project**? Think of a creative name that will draw attention to your project. | **Date application submitted**: |
|  |
| **Describe your project idea.** How did the idea originate? Who has been involved in shaping the idea so far? |
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| **What will you do**? Where will your project take place? When? |
|  |
| **How will you involve the community**? How will you reach people who are new to your area or who haven’t been involved before? Is there a role for local groups and organizations? |
|  |
| **How will the project benefit your community**? What about neighboring communities? |
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| **How will you celebrate learning and open doors for another good idea**? |
|  |
| **What does the project cost and what amount are you requesting**? On what would you spend it? Please describe below. |
|  | Item Description | Anticipated Cost |
|  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | Total Amount Requested | $ |
|  |
| **What other organizations and partners will contribute time, talent, financial or in-kind support to your project?** Please describe. |
|  |
| **How did you learn about Incourage grants**? |
|  |
| **Which local residents are submitting this application**? Please provide contact information. |
|  | Primary contact person  | Contact person 2  | Contact person 3  |
| Name |  |  |  |
| Address |  |  |  |
| City State Zip |  |  |  |
| Phone |  |  |  |
| Email |  |  |  |
|  |
| **If request is awarded, check should be made payable to**:  |
| **Mail to** (choose one)**:**  | ❒ Primary contact person at address noted above❒ This address (city state zip): |

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| **Submit completed application to:**Incourage | 478 E Grand Ave | Wisconsin Rapids WI 54494 |dvruwink@incouragecf.org | fax 715.423.3019 |