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

*Incourage Community Foundation provides resources to advance equity, opportunity and shared stewardship 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.

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| **Name of project**? Think of a creative name that will draw attention to your project. | | | | | **Date application submitted**: | | |
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| **Describe your project idea.** How did the idea originate? Who has been involved in shaping the idea so far? | | | | | | | |
|  | | | | | | | |
| **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? | | | | | | | |
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| **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 |
|  |  | | | | | |  |
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|  | | | | | |  |
|  | | | | | |  |
|  | 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 |