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

*Incourage provides resources to advance equity, opportunity and shared stewardship in the south Wood County area of Wisconsin. We envision a community that works well for all people.*

**“What If”** is intended for resident-led projects that bring 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**

* Requests may help with expenses that support community involvement. For example, items such as supplies, refreshments and other one-time expenses could qualify.
* Requests may be up to $2,500 (average award is generally $1,000). Complete the application on the following page.
* Requests may be submitted at any time.
* All recipients must report on expenditure of funds and results within one year of the award.

**Please allow 4-5 weeks for a response to your application.**

**“What If” is 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. Funds cannot support projects that occur prior to an award decision.

**“What If” Application**

Please fill out this application form completely before submitting. Online or written submission accepted.

**Which area(s) will be impacted by your project?** (check those that most apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Nekoosa |  | Pittsville |  | Port Edwards |
|  | Rome |  | Rudolph |  | Vesper |
|  | Wisconsin Rapids Area |  | South Wood County Area |  |  |
|  | (includes Grand Rapids, Biron) |  | (community-wide) |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name**? A creative name that draws attention to the project. | | | | | **Date application submitted**: | | |
|  | | | | | | | |
| **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/or organizations? | | | | | | | |
|  | | | | | | | |
| **How will the project benefit your community**? What about neighboring communities? | | | | | | | |
|  | | | | | | | |
| **How will you celebrate learning and open doors for another good idea**? | | | | | | | |
|  | | | | | | | |
| **What is the total project cost?** | | | | | | | $ |
|  | | | | | | | |
| **What amount are you requesting, and on what would you spend it?** | | | | | | | |
|  | Item Description | | | | | | Anticipated Cost |
|  |  | | | | | |  |
|  | | | | | |  |
|  | | | | | |  |
|  | | | | | |  |
|  | Total Amount Requested | | | | | | $ |
|  | | | | | | | |
| **What organizations/partners will contribute time, talent, financial or in-kind support to your project?** | | | | | | | |
|  | | | | | | | |
| **How did you learn about What If**? | | | | | | | |
|  | | | | | | | |
| **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: | | | | |
| **Submit completed application to:**  Incourage | 478 E Grand Ave | Wisconsin Rapids WI 54494 | dvruwink@incouragecf.org | fax 715.423.3019 | | | | | | | |

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