

FARMERS INDEPENDENT TELEPHONE COMPANY
139 W Madison Ave, PO Box 447
Grantsburg, WI 54840

GRANT APPLICATION

Date: _____

ORGANIZATION

Name of Organization: _____

Address: _____

City: _____ St: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

CONTACT PERSON

Name of Contact Person: _____

Address: _____

City: _____ St: _____ Zip Code: _____

OFFICERS

Name: _____ Position: _____

Is Your Organization Non Profit: Yes No

If YES, please provide a copy of the IRS determination letter as a 501C3 organization.PI

Please state the purpose of your organization:

Amount Requested: \$ _____

Total Amount of Project: \$ _____

Specify how funds will be used, who will benefit and when support is needed (Use additional pages if necessary):

Other sources of funding for this project:

How will the effectiveness of the project be measured?

In Addition:

Please provide a copy of last year's financial statements.

Additional information may be requested during the review process.