

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Is Your Organization Non Profit:    Yes    No

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):

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Other sources of funding for this project:

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How will the effectiveness of the project be measured?

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In Addition:

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

Additional information may be requested during the review process.

**Deadline to submit applications is December 31 for consideration in the following year.**