

2023-2024 Impact100 Greater Milwaukee

Impact100 Greater Milwaukee

Organization Information

Organization Legal Name, if different from above

Character Limit: 250

Organization Website*

Character Limit: 100

Year your organization was founded*

Character Limit: 4

Organization's total annual revenue as shown on your 990 (Part 1, line 12)*

Character Limit: 20

Is your organization's Corporate license with the WDFI current/active?*

Your organization's Corporate license with the Wisconsin Department of Financial Institutions (WDFI) must be current at time of application.

See <https://www.wdfi.org/apps/CorpSearch/Search.aspx>

Choices

Yes

No

Is your organization's Charitable license with the WDFI current/active?*

Per WDFI's website there are two separate registrations-the Corporate and the Charitable. Your organization must be current at time of application. See

<http://wdfi.org/CharitableOrganizations/default.htm> for verification.

Choices

Yes

No

Has your organization's 501(c)3 status been revoked or modified within the last three years?*

Choices

Yes

No

If yes, please explain

Character Limit: 1000

Does the organization have independently prepared financial statements for the past 3 fiscal years?*

To qualify, the statements must be audited or reviewed.

Choices

Yes

No

Is your organization a local chapter, member or affiliate of a larger organization?*

Choices

Yes

No

If yes, do you file a separate 990 form?

Choices

Yes

No

Organization Profile

What is your organization's Mission Statement?*

Character Limit: 1000

Please provide a brief history of your organization.*

Character Limit: 1000

Summarize the major programs and their accomplishments that support your organization's mission.*

Character Limit: 1800

What differentiates your organization from others with similar missions in your service area?*

Character Limit: 500

Additional Information

If there is there anything else about your organization that you would like us to know, please include it here, otherwise you can leave this answer blank.

Character Limit: 500

Number of Full Time Employees*

Character Limit: 50

Number of Part Time Employees*

Character Limit: 50

Number of Volunteers**Character Limit: 50***Number of Interns****Character Limit: 50*

LOI Attachments

Project/Program Budget for Proposed Impact100 Funding*

Please download and use the budget form template. Once completed, please upload to application.

This should include, at a minimum, the total project/program revenues by source (i.e. grants from public & private sources, donations, program service revenues, etc.) and expense detail including salaries, employee benefits, rent and other program related costs. *Please note that there are cell formulas incorporated and if applicable, a column for collaborating organizations.*

*File Size Limit: 4 MB***Your organization's most recently filed IRS 990 form.***

Please note MiB maximum allowed.

File Size Limit: 15 MB

General Project/Program Information

Project/Program Title**Character Limit: 50****Focus Area Guidance:***

Please rank the project/program by its association with the following focus areas with 1 having the greatest connection to the focus area and 5 having the least. Please see a description of each focus area on our website.

Focus Area #1***Choices**

Arts & Culture

Education

Environment & Revitalization

Family

Health & Wellness

Focus Area #2***Choices**

Arts & Culture
Education
Environment & Revitalization
Family
Health & Wellness

Focus Area #3***Choices**

Arts & Culture
Education
Environment & Revitalization
Family
Health & Wellness

Focus Area #4***Choices**

Arts & Culture
Education
Environment & Revitalization
Family
Health & Wellness

Focus Area #5***Choices**

Arts & Culture
Education
Environment & Revitalization
Family
Health & Wellness

Please tell us about your Project/Program:*

What can you do with a \$100,000 grant from Impact100 Greater Milwaukee that will fill a gap in the community?

Character Limit: 1000

Sustainability*

Describe how your organization plans to sustain the project/program.

Character Limit: 500

Population Served*

Who, and how many, will your project/program serve? Please be as specific as possible in your description. Is this a new population for your services or one you have served before?

Character Limit: 500

County or Counties impacted by the project/program*

Please check all counties that would be impacted by the proposed project/program.

Choices

Milwaukee County
Ozaukee County
Washington County
Waukesha County
Other

How does Impact100 Greater Milwaukee define collaboration?

Please review the FAQs on our website for details on collaboration.

For Collaborative Project/Programs Only

If your project/program is a collaboration as defined in our FAQ's, please briefly explain why each collaborator is important to the project/program.

Character Limit: 1000

This grant will fund a project/program that is:*

(check all that apply)

Choices

Existing
Expanding
New

Total cost of proposed project/program*

Character Limit: 20

Total dollars committed to date*

Character Limit: 20

Request to Impact100 Greater Milwaukee: **\$100,000**

Request as a percentage of the total proposed project/program cost*

(whole numbers only)

Character Limit: 50

Certification

THANK YOU! You are at the end of the LOI. Click SAVE if you feel you would like to return to the LOI for some reason. Certify, sign and click SUBMIT if you are done and ready to submit.

Once submitted you will receive an email confirmation that your LOI has been received. Once the LOI has been submitted (and received) by Impact100 Greater Milwaukee you will not be able to make changes.

Instructions on printing or saving a completed LOI:

You may print or save an electronic copy of this completed LOI by clicking on the "LOI Packet" button in the upper right corner of the screen (this will appear once you have at least saved your LOI as draft). The "LOI Packet" will convert your entire LOI with the questions and responses to a pdf which you can then download and print or save to your computer.

Certification*

I certify that the information provided in the application is accurate and verifiable.

Choices

Yes

No

Executive Director*

By typing my name below, I certify that I am the Executive Director of the applicant organization and that to the best of my knowledge, the information and statements contained in this application are accurate and complete.

Character Limit: 150