

## GBP Foundation Annual Grant Cycle Application 2026-2029

### Organization Information

#### **HELPFUL TIPS - COMPLETING THE GRANT APPLICATION**

- Use the Manage Applicants tool located on the upper right side to add at least one additional person that can access this or any other forms/reports in the event you are unavailable.
- This grant application will save every few seconds automatically; there is no save or save later button.
- If you need to step away and finish the grant application at another time, simply close the browser.
- Return to the grant application by going to: <https://bbgmapply.yourcausegrants.com/apply/applications>

**Describe the organization applying for the grant below. Information describing the funding need and/or use of the grant will be entered in the Grant Request section.**

**Request date \***

**Organization Name \***

**Alternative Name (Doing Business As or Fiscal Sponsor Name)**

If the organization is known by or doing business as a name other than the legal name, enter it here. If the organization has a fiscal sponsor, enter the fiscal sponsor's name here. If awarded a grant, the check will be issued to the fiscal sponsor.

**Organization Address \***

Address of the organization applying for the grant.

**Select the county in which the organization is located. \***

Select one

(Displaying first 25 options)

- Adams
- Ashland
- Barron
- Bayfield
- Brown
- Buffalo
- Burnett
- Calumet
- Chippewa
- Clark
- Columbia
- Crawford
- Dane
- Dodge
- Door
- Douglas
- Dunn
- Eau Claire
- Florence
- Fond du Lac
- Forest
- Grant
- Green Lake
- Green
- Iowa

**Federal Employer Tax ID Number \***

Do NOT enter a tax exempt number.

**Website Address**

**Year organization was founded. \***

**Organization's Mission Statement \***

Please limit the information in this field to a brief, high-level overview of the organization's mission and work. DO NOT utilize this field to explain the project or program for which funding is being requested (500 word limit).

**ORGANIZATION'S primary focus area. \***

The focus area the organization generally identifies as.  
Select multiple

- Animal/Wildlife/Waterfowl Welfare
- Arts & Culture
- Athletic
- Civic & Community
- Education/Other
- Education/Private
- Education/Public
- Environmental/Agriculture
- Government/Military
- Health & Human Services/Disabilities
- Health & Human Services/Disaster or Crisis
- Health & Human Services/Domestic Violence
- Health & Human Services/Drug or Alcohol Abuse
- Health & Human Services/Medical
- Health & Human Services/Other
- Health & Human Services/United Way
- Homeless
- Hunger
- Religious

**Average number of individuals served by the ORGANIZATION annually. \***

Select one

- 0 - 25
- 26 - 49
- 50 - 99
- 100 - 249
- 250 - 499
- 500 - 999
- 1000 and Above

**ORGANIZATION'S primary funding source. \***

Select one

- Grant Money
- Private Donors
- Fundraising Initiatives
- Other Local Support

**Population the ORGANIZATION primarily serves. \***

Select one

- Adults 18 and Over
- Animals
- Boys/Men Only
- Children 0-17
- Family Units
- Girls/Women Only
- Other

**Enter percentage spent by ORGANIZATION annually on Administrative costs (staffing and facilities). \***

Enter whole numbers only, without the percent sign.

**Enter percentage spent by ORGANIZATION annually on Fundraising costs. \***

Enter whole numbers only, without the percent sign.

**Enter percentage spent by ORGANIZATION on Program costs. \***

Enter whole numbers only, without the percent sign.

**Total Percent Spent by Organization (must equal 100) \***

**TO CONTINUE WORKING THROUGH THE APPLICATION, CLICK NEXT**

**Contact Information**

**HELPFUL TIPS - PROVIDING CONTACTS**

**Each contact must have their own unique email address; contacts cannot share the same email address.**

- Organization Primary Contact: CEO, Executive Director, President or similar leadership role.
- Grant Application Primary Contact: if we have questions about the grant application, we will contact this individual.
- Grant Application Alternate Contact: if we cannot reach the Grant Application Primary Contact, we will contact this individual.

**Providing accurate and current contact information is important. The grant application may be declined if we are unable to reach the contacts provided.**

**FOR EACH CONTACT:** Click + **Add new** to add the requested contact information. Click **Save** to close the window.

### Organization Primary Contact

Examples: CEO, Executive Director, President, Board President.

**First name    Last name    Email address    Office telephone    Mobile telephone    Contact title**

Click here if the Grant Application Primary Contact is the same as the Organization Primary Contact.

### Grant Application Primary Contact

Questions about the grant application will be directed to this person.

**First name    Last name    Email address    Mobile telephone    Contact title**

### Grant Application Alternate Contact

If we cannot reach the Grant Application Primary Contact, we will contact this individual.

**First name    Last name    Email address    Mobile telephone    Contact title**

**TO CONTINUE WORKING THROUGH THE APPLICATION, CLICK NEXT**

## Grant Request

### HELPFUL TIPS - APPLICATION CYCLE TIMELINE

- Grant recipients are finalized in July.
- Grant checks are distributed in September.

**IMPORTANT:** The project or program for which funds are requested can be in progress or scheduled to begin the following year. The project or program cannot be completed or no longer offered when this grant application is submitted.

### Grant Amount Requested \*

Due to the volume of applications submitted, grants may be awarded for less than the grant amount requested.

### Project or Program Name \*

250 character limit (each letter, number, space, and/or punctuation counts toward the character limit).

### Project or Program Budget \*

**Select the primary focus of the project or program. \***

The project or program must support one of this year's focus areas to be considered for a grant.  
Select multiple

- Animal Welfare
- Arts & Culture
- Athletics & Fitness
- Civic & Community
- Drug/Alcohol Abuse & Violence Services
- Education
- Elderly
- Environmental
- Health & Wellness
- Homeless
- Human Services
- Hunger
- Military
- Religious

**How many individuals does this project or program directly impact? \***

Select one

- 0 - 25
- 26 - 49
- 50 - 99
- 100 - 249
- 250 - 499
- 500 - 999
- 1000 and above

**Geographical area (based on county) impacted by this project or program. \***

If more than one county impacted, use the down arrow to select each county separately from the drop down list. A maximum of 10 counties can be selected.

Select multiple

(Displaying first 25 options)

- Adams
- Ashland
- Barron
- Bayfield
- Brown
- Buffalo
- Burnett
- Calumet
- Chippewa
- Clark
- Columbia
- Crawford
- Dane
- Dodge
- Door
- Douglas
- Dunn
- Eau Claire
- Florence
- Fond du Lac
- Forest
- Grant
- Green Lake
- Green
- Iowa

**Statement of Need and Opportunity \***

Describe the issue/need for the requested funding, plans to address the issue/need, and system in place to measure progress (500 word limit).

**How and when will the requested funding be utilized to address the issue/need? \***

Please be specific (500 word limit).

**Select the option that best describes the nature of this funding request. \***

Select multiple

- Adult Programs
- Capital Fund Support
- Community Programs
- Equipment Purchase
- Facility Improvements
- General Support
- Scholarships
- Youth Programs

**How many full time employees does the organization currently have? \***

**How many part time employees does the organization currently have? \***

**How many people regularly volunteer their time to the organization ANNUALLY? \***



TO CONTINUE WORKING THROUGH THE APPLICATION, CLICK NEXT

## Supporting Documents

### HELPFUL TIPS - SUPPORTING DOCUMENTS

- All documents listed are required.
- If unable to provide a required document, an explanation is required. This will expedite the pre-screening process and assist the Trustee with their review of the grant application.
- Provide the most current version of the required document.
- Contact [eisenreichb@packers.com](mailto:eisenreichb@packers.com) with questions and/or if any documents exceed the maximum size.

Balance Sheet and Income Statements (or explanation if not available or not attached) \*

Budget - Organization (or explanation if not available or not attached) \*

Budget - Project or Program (or explanation if not available or not attached) \*

Form 990/990EZ (or explanation if not available or not attached) \*

Committed and/or Pending Funders of the Project or Program (or explanation if not available or not attached) \*

### Additional Documents Supporting the Project or Program

Attach a maximum of 5 additional documents, 1 document at a time. Each document attached cannot exceed 29 MB.

**IF YOU ARE READY TO SUBMIT THE APPLICATION TO THE PACKERS FOUNDATION, CLICK SUBMIT**