GREEN BAY PACKERS
FOUNDATION APPLICATION

GREEN BAY PACKERS
FOUNDATION
Ⓖ

1265 Lombardi Avenue, Green Bay, WI 54304
Phone: 920.569.7500 Fax: 920.569.7302

CONTACT US | **FAQ** | **EXIT** |

Applying for a grant from the Green Bay Packers Foundation? Please have the organization's Federal Employer Tax ID Number available to enter at the bottom of this page or click 'Exit' in the upper right corner of this screen to be redirected to our website.

The Green Bay Packers Foundation will not accept grant applications for funding of:

- Annual appeals;
- Camp scholarships;
- Capital campaigns;
- Debt retirement, deficit financing, reduction of an operating deficit or replenishment of resources used to pay for such purposes;
- Endowments;
- Fundraising event or activity sponsorships;
- Individuals;
- Lobbying or legislative activities;
- Projects/programs that do not address issues in one of the focus areas identified for the current year;
- Scholarship funds.

Tips for using the Green Bay Packers Foundation Grant Application:

- Use upper and lower case letters. Do not use ALL CAPS.
- Look for the 'Save & Finish Later' button in each section. Click this button to save the partially completed application and come back to it at another time.
- To move to the next section, click the 'Next Section' button OR click the section heading at the top of the page.
- Do NOT use the 'Back' or 'Forward' button on your browser to navigate through the application.
- Utilize the spell check function where ever you see a check mark.

If you have questions at any time, click the 'Contact Us' button in the upper right corner of this screen.

Enter the organization's Federal Employer Tax ID Number below and click 'OK' to continue.

[   ] **OK**

Verification of Eligibility to Apply

Is the organization physically located in the state of Wisconsin?

-Select One- ⌄

Is the organization classified as exempt from Federal income tax under section 501(c)(3) of the IRS Code?

-Select One- ⌄

Has the organization had its 501(c)(3) exempt classification a minimum of two years?

-Select One- ⌄

Is the organization seeking sponsorship of a fundraising event?

-Select One- ⌄

Does the project/program for which funding is needed directly impact more than 25 individuals?

-Select One- ⌄

Is the organization seeking funds to create or add to an endowment?

-Select One- ⌄

Select the primary focus area funding will be applied.

-Select One- ⌄

SUBMIT

GREEN BAY PACKERS
FOUNDATION APPLICATION

GREEN BAY PACKERS
FOUNDATION
G
1265 Lombardi Avenue, Green Bay, WI 54304
Phone: 920.569.7500 Fax: 920.569.7302

CONTACT US | FAQ | EXIT

| **1** Organization and Contact Information | **2** Grant Request | **3** Attachments | **4** REVIEW MY APPLICATION |

[SAVE & FINISH LATER] [NEXT SECTION]

Organization and Contact Information

[PRINTER FRIENDLY VERSION]

✦ Required before final submission

ORGANIZATION INFORMATION

✦ **Organization Name**

[   ]

✦ **Physical Address**

[   ]

✦ **City**   ✦ **State**   ✦ **Zip Code**

[   ]   [- Select One - ▾]   [   ]

Mailing Address - ENTER STREET/PO BOX, CITY, STATE, ZIP CODE ONLY IF DIFFERENT THAN PHYSICAL ADDRESS

[   ]

✦ **Executive Director's Name and Email Address**

[   ]

✦ **Select the county this organization is located.**

[- Select One - ▾]

✦ **General Phone Number (enter as xxx-xxx-xxxx)**

[   ]

✦ **Website Address (enter NONE if not applicable)**

[   ]

✦ **Year organization was founded.**

[   ]

✦ **Federal Employer Tax ID Number**

[000000000]

GRANT APPLICATION CONTACT

WHO CAN WE TALK TO ABOUT THIS GRANT APPLICATION? PROVIDE THEIR INFORMATION BELOW.

✦ **First Name**   ✦ **Last Name**

[   ]   [   ]

✦ **Title**

[   ]

✦ **Email Address**

[   ]

✦ **Cell Phone Number (enter as xxx-xxx-xxxx)**
Please verify the cell phone number entered is correct.

[   ]

✦ **Secondary Phone Number (enter as xxx-xxx-xxxx)**
Please verify the secondary phone number entered is correct.

[   ]

✦ **Provide the best time(s) to call (time/day) AND provide the name and cell phone number of a secondary contact if we cannot reach the person listed above.**

[   ]

Address - COMPLETE ONLY IF DIFFERENT THAN ORGANIZATION'S ADDRESS

City   **State**   **Zip Code**
                                            <None> ∨

ORGANIZATION FOCUS

♦ **Organization's mission statement (500 word limit).**

✓

Word count 0 of 500

♦ **Organization's primary focus area (select one).**
- Select One -

♦ **Organization's primary funding source (select one).**
○ Grant Money   ○ Private Donors   ○ Fundraising Initiatives   ○ Other Local Support

♦ **Average number of people served by the organization annually (select one).**
○ 0 - 25   ○ 26 - 49   ○ 50 - 99   ○ 100 - 249   ○ 250 - 499   ○ 500 - 999   ○ 1000 and Above

♦ **Primary population served by the organization (select one).**
○ Children 0-17   ○ Adults 18 and Over   ○ Family Units   ○ Boys/Men Only   ○ Girls/Women Only   ○ Animals   ○ Other

Enter the percentage the organization spends annually on each of the three expense categories listed below. All three categories added together must equal 100%.

♦ **Administration (staffing and facilities) %**   ♦ **Fundraising %**   ♦ **Programs %**
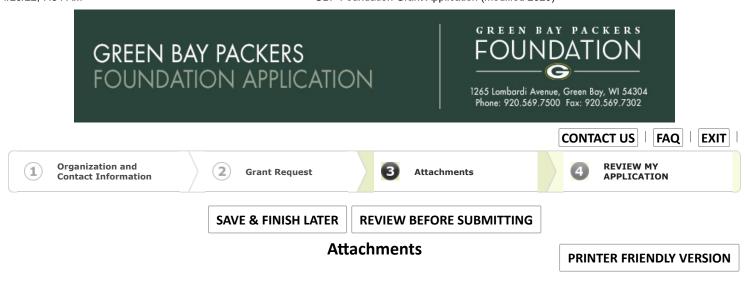Enter whole numbers only, without the percent sign.   Enter whole numbers only, without the percent sign.   Enter whole numbers only, without the percent sign.

SAVE & FINISH LATER   NEXT SECTION

GREEN BAY PACKERS
FOUNDATION APPLICATION

GREEN BAY PACKERS
FOUNDATION
G
1265 Lombardi Avenue, Green Bay, WI 54304
Phone: 920.569.7500 Fax: 920.569.7302

CONTACT US | FAQ | EXIT

| ① Organization and Contact Information | ② Grant Request | ③ Attachments | ④ REVIEW MY APPLICATION |

SAVE & FINISH LATER   **NEXT SECTION**

Grant Request

PRINTER FRIENDLY VERSION

♦ Required before final submission

GRANT REQUEST

IMPORTANT! Keep the following in mind when applying for a grant. October: Trustees finalize grant recipients. November: Distribution of grant checks.

♦ **Amount Requested - enter whole number without dollar sign or separators between 4000 and 8000:**

[   ]

♦ **Total Project/Program Budget - enter whole number without dollar sign or separators:**

[   ]

♦ **Project/Program Name - 250 character limit (each letter, number, space, and/or punctuation counts toward the 250 character limit).**

[   ] ✓

♦ **Primary focus area this project/program addresses (select one).**
○ Animal Welfare   ○ Civic & Community   ○ Drug/Alcohol Abuse & Violence Services   ○ Environmental   ○ Health & Wellness

♦ **How many people are currently or will be directly impacted by this project/program?**
○ 0 - 25   ○ 26 - 49   ○ 50 - 99   ○ 100 - 249   ○ 250 - 499   ○ 500 - 999   ○ 1000 and above

♦ **Select the ethnicities directly impacted by this project/program.**
☐ Caucasian   ☐ African American   ☐ Latino   ☐ Asian   ☐ Native American   ☐ Other

♦ **Geographical area (based on area code) this project/program primarily serves (select one).**
○ WI North (534)   ○ WI North (715)   ○ WI Northeast (920)   ○ WI Southeast (262,414)   ○ WI Southwest (608)

♦ **Statement of Need and Opportunity - describe the issue/need, plans to address the issue/need, and system in place to measure progress (500 word limit).**

[   ] ✓

Word count 0 of 500

♦ **How and when will grant dollars be utilized to address the issue/need - be specific (500 word limit).**
Important! Trustees finalize grant recipients in October and grant checks are distributed in November.

[   ] ✓

Word count 0 of 500

♦ **Select the option that best describes the nature of this grant request.**
○ Adult Programs   ○ Capital Fund Support   ○ Community Programs   ○ Equipment Purchase   ○ Facility Improvements   ○ General Support   ○ Scholarships   ○ Youth Programs

♦ **Number of people employed full time by the organization - enter 0 if none:**

[   ]

♦ **Number of people employed part time by the organization - enter 0 if none:**

[   ]

♦ **Number of people regularly volunteering their time to the organization annually - enter 0 if none:**

[   ]

SAVE & FINISH LATER   **NEXT SECTION**

GREEN BAY PACKERS FOUNDATION APPLICATION

GREEN BAY PACKERS FOUNDATION

1265 Lombardi Avenue, Green Bay, WI 54304
Phone: 920.569.7500 Fax: 920.569.7302

CONTACT US | **FAQ** | **EXIT** |

① **Organization and Contact Information**   ② **Grant Request**   ❸ **Attachments**   ④ **REVIEW MY APPLICATION**

| SAVE & FINISH LATER | REVIEW BEFORE SUBMITTING |

Attachments

PRINTER FRIENDLY VERSION

BEFORE SUMBITTING THIS APPLICATION, the documents listed below must be attached to this application in one of these acceptable file types: doc, docx, xls, xlsx, pdf. Please provide an explanation for any missing documents.

- **Project/Program budget;**
- **Organization's proposed or current budget;**
- **Balance sheet and income statement for the past two years;**
- **Form 990 or form 990EZ, including all Schedules (if not required to file either form, submit a letter of explanation);**
- **Board of Directors listing to include names and outside affiliations;**
- **List of project/program funders, clearly indicating committed and pending funds; and**
- **Optional attachment (use this option to attach any additional information you feel would be helpful or to explain why a document cannot be provided).**

Providing documents electronically is preferred; however, we understand if that's not possible. For those documents not available electronically, please mail them and a letter explaining their relationship to an online application to:

Bobbi Jo Eisenreich, Secretary
Green Bay Packers Foundation
1265 Lombardi Ave.
Green Bay, WI 54304

To submit this application:

1. **Attach AND upload one document at a time (select the applicable document title, browse/search for document, click Upload Attachment, and repeat);**
2. **After uploading all documents, click the 'Review Before Submitting' button at the bottom of this section;**
3. **Review the contents of the application and verify uploaded/attached document(s) are listed at the top of this section;**
4. **Go to the end/bottom of the application and click 'Submit To Packers'.**

A confirmation email will be sent from mail@grantapplication.com to the applicant/online account email address after this application is successfully submitted. Please note that an application saved to be finished later cannot be reviewed by the Packers Foundation until the application is submitted.

Upload

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as "exe", "com", "vbs", or "bat") cannot be uploaded.

Title: Balance Sheet and Income Statements ▾

File Name: [Choose File] No file chosen

[**Upload Attachment**]

| SAVE & FINISH LATER | REVIEW BEFORE SUBMITTING |