

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.



[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 Organization Also Known As or Doing Business As - complete only if applicable

◆ Physical Address

◆ City ◆ State ◆ Zip Code

- Select One - ▾

◆ Select the county this organization is located.

- Select One - ▾

◆ General Phone Number (type as xxx-xxx-xxxx) Website Address

◆ Year organization was founded.

◆ Federal Employer Tax ID Number

APPLICATION CONTACT INFORMATION

WHO CAN WE CONTACT WITH QUESTIONS REGARDING THIS GRANT APPLICATION

Prefix ◆ First Name Middle Initial ◆ Last Name

<None> ▾

◆ Title ◆ Email Address

◆ Cell Phone Number (type as xxx-xxx-xxxx)

Address - COMPLETE ONLY IF DIFFERENT FROM ORGANIZATION

City State Zip Code

<None> ▾

ORGANIZATION FOCUS

Provide the organization's mission statement if a first time applicant OR if it has changed since the last application.

◆ Select the organization's primary focus area.

- Select One -

◆ Select the organization's primary funding source.

Grant Money Private Donors Fundraising Initiatives Other Local Support

◆ How many people does the organization serve per year?

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

◆ Select the primary population served by the organization.

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) %

Enter whole numbers only, without the percent sign.

◆ Fundraising %

Enter whole numbers only, without the percent sign.

◆ Programs %

Enter whole numbers only, without the percent sign.

◆ Describe the organization's greatest challenge. What plans have been put in place to overcome this challenge? Describe the progress that has been made. 500 word limit.

Word count 0 of 500

SAVE & FINISH LATER

NEXT SECTION



[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

◆ Amount Requested - enter a whole number without a dollar sign or separators between 3000 and 7000:

◆ Total Project/Program Budget - enter a whole number without a dollar sign or separators:

◆ Project/Program Name - 250 character limit (letters, numbers, spaces, and/or punctuation).

◆ Can the project/program be observed during a visit?

Yes No

◆ Project/Program Description - include the problems, needs and/or issues it addresses and the activities, timelines, and/or community partners utilized. 500 word limit.

Word count 0 of 500

◆ Project/Program Start Date: ◆ Project/Program Completion Date:

◆ Select the geographical area (based on area code) this project/program primarily serves.

WI North (534) WI North (715) WI Northeast (920) WI Southeast (262,414) WI Southwest (608)

◆ Select the primary focus area this project/program addresses.

Animal Welfare Civic & Community Drug/Alcohol Abuse & Violence Services Environmental Health & Wellness

◆ 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

◆ How many people will this project/program directly impact?

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

◆ Is this project/program an/a:

Existing Program New Program

◆ Number of full time employees supporting this project/program - enter 0 if none:

◆ Number of part time employees supporting this project/program - enter 0 if none:

◆ Number of volunteers supporting this project/program - enter 0 if none:

◆ What aspect(s) of this project/program, if any, are duplicated by other area service providers?
500 word limit.

Word count 0 of 500

◆ Describe the project/program's main short term goal (within the next year). How will progress toward this goal be measured?
500 word limit.

Word count 0 of 500

◆ Describe the project/program's long term goal (within the next three to five years). How will progress toward this goal be measured?
500 word limit.

Word count 0 of 500

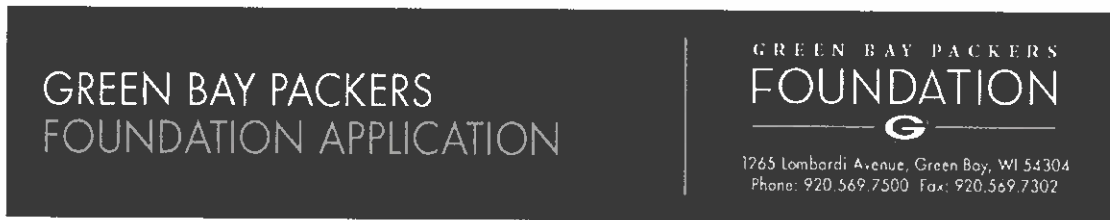
◆ Describe anticipated impact(s) on the project/program if a Green Bay Packers Foundation grant were awarded.
500 word limit.

Word count 0 of 500

◆ How did you hear about the Green Bay Packers Foundation grant?

SAVE & FINISH LATER

NEXT SECTION



[CONTACT US](#) | [FAQ](#) | [EXIT](#)

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

[SAVE & FINISH LATER](#) [REVIEW BEFORE SUBMITTING](#)

Attachments

[PRINTER FRIENDLY VERSION](#)

BEFORE SUBMITTING 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 all documents;
2. Click the 'Review Before Submitting' button at the bottom of this section;
3. Review the contents of the application and correct any fields that may have errors;
4. Go to the end/bottom of the application and click 'Submit To Packers'.

We cannot review your application until the application has been submitted and you receive a confirmation email from us.

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: [Browse...](#)

[Upload Attachment](#)

[SAVE & FINISH LATER](#) [REVIEW BEFORE SUBMITTING](#)