

# 2024-2025 Impact100 Greater Milwaukee

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*Impact100 Greater Milwaukee*

## *Organization Information*

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### **Organization Legal Name, if different from above**

*Character Limit: 250*

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### **Has your organization's 501(c)3 status been revoked or modified within the last three years?\***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

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**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 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*

## Certification

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**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*