



## Ozaukee County Arc (OcArc) Request for Funding



Date of Request: \_\_\_\_\_

Person/Organization requesting funds: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Focus Area (“X” all that apply):

\_\_\_\_ - Education

\_\_\_\_ - Social Opportunity

\_\_\_\_ - Advocacy

\_\_\_\_ - Resource Center/Marketing/Outreach/Membership

1) Briefly describe your program or service being provided.

\_\_\_\_\_

2) Describe how funds would make a difference for the developmentally disabled (i.e., who would benefit, how many persons would be impacted, etc.)

\_\_\_\_\_

3) Describe how the funds meet the mission statement and one of the focus areas described above:

\_\_\_\_\_

4) Note any collaborative efforts with other organization(s).

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- 5) What is the total budget? Note other fundraising efforts. List revenue sources and expenses related to this grant request.

Budget:

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Other Fundraising:

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Revenue Sources and Expenses:

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- 6) Explain how the OcArc would be involved and/or promoted.

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- 7) What are the anticipated outcomes and how will they be measured?

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- 8) Contact person (Name, Address, Phone):

Name:

Street:

City/State/Zip:

Phone Number:

Fax Number:

E-mail:

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- 9) List IRS Tax Exempt ID Number (if applicable):
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