

# STRATEGIC ALLIANCE FUND OF WAUKESHA COUNTY GRANT APPLICATION

Lead Organization: \_\_\_\_\_

Address \_\_\_\_\_  
Street
City
State
Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ www. \_\_\_\_\_

Year of Incorporation \_\_\_\_\_ Year of Tax Exemption \_\_\_\_\_

Staff Contact \_\_\_\_\_  
Name
Signature

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Title Phone/Ext.

Board Officer \_\_\_\_\_  
Name
Signature

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Title Phone

1. List the number of individuals in each of the following employment categories for this fiscal year.

\_\_\_\_\_ Paid full-time staff  
 \_\_\_\_\_ Paid part-time staff  
 \_\_\_\_\_ Volunteers  
 \_\_\_\_\_ Interns  
 \_\_\_\_\_ Independent Contractors

2. Check organization's annual revenue category for the current fiscal year.

Under \$100,000  
 \$100,000-\$249,999  
 \$250,000-\$499,999  
 \$500,000-\$999,999  
 \$1,000,000-\$1,999,999  
 \$2,000,000-\$2,999,999

3. Identify all appropriate populations that are served by your organization:

Children  Youth  Adults  Seniors  Families  Community  Other: \_\_\_\_\_

4. Is your organization currently funded by any of the following (check all that apply):

Greater Milwaukee Foundation  United Way of Waukesha County  
 Northwestern Mutual Foundation  Waukesha County Department of Community Development

5. Funding request for what type of Strategic Alliance:

- |                                                       |                                               |
|-------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Organizational Collaboration | <input type="checkbox"/> Legal                |
| <input type="checkbox"/> Co-location                  | <input type="checkbox"/> Board Development    |
| <input type="checkbox"/> Merger                       | <input type="checkbox"/> Personnel Management |
| <input type="checkbox"/> Dissolution                  | <input type="checkbox"/> Financial Management |

6. If your organization is going to use a consultant, then list the name, address and phone number of the consultant, organization, or firm from whom you plan to receive the technical assistance outlined in this proposal.

Name: \_\_\_\_\_  
 Organization/Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

6a. How many bids did you solicit? \_\_\_\_\_

6b. Why did you choose this provider? \_\_\_\_\_

**STRATEGIC ALLIANC FUND  
 PROJECT BUDGET**

7. List all **expenses** related to this grant request.

|                                 |          |
|---------------------------------|----------|
| Consulting/Training             | \$ _____ |
| Legal/Filing Fees               | \$ _____ |
| Staff Integration/Team Building | \$ _____ |
| Technology                      | \$ _____ |
| Moving Expenses                 | \$ _____ |
| Integrated Materials/Marketing  | \$ _____ |
| Office Equipment/Furniture      | \$ _____ |
| Other: _____                    | \$ _____ |
| <b>TOTAL:</b>                   | \$ _____ |

8. List all **revenue sources** for this project.

|                                                   |          |
|---------------------------------------------------|----------|
| <b>STRATEGIC ALLIANCE FUND</b> – requested amount | \$ _____ |
| Other foundation/corporate support                | \$ _____ |
| Individual /Board contributions                   | \$ _____ |
| Cash from organization                            | \$ _____ |
| In-kind support from organization                 | \$ _____ |
| Other: _____                                      | \$ _____ |
| <b>TOTAL:</b>                                     | \$ _____ |

9. Project time period: \_\_\_\_\_  
(Beginning) (Ending)

10. Complete the following contact information for each organization that will be a formal partner in this alliance.

Partner Organization: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_ www. \_\_\_\_\_

Year of Incorporation \_\_\_\_\_ Year of Tax Exemption \_\_\_\_\_

Staff Contact \_\_\_\_\_  
Name Signature  
Title Phone/Ext.

Board Officer \_\_\_\_\_  
Name Signature  
Title Phone

Partner Organization: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_ www. \_\_\_\_\_

Year of Incorporation \_\_\_\_\_ Year of Tax Exemption \_\_\_\_\_

Staff Contact \_\_\_\_\_  
Name Signature  
Title Phone/Ext.

Board Officer \_\_\_\_\_  
Name Signature  
Title Phone

11. Have the Boards of each partner passed a formal resolution approving the pursuit of an alliance?

If yes, when? \_\_\_\_\_

**In answering questions 12-14, please be specific and use no more than 2 single- spaced pages.**

12. Describe the problem or situation that this alliance is intended to address.

13. What type of partnership is proposed? What effect will this relationship have on the corporate structures, Boards, personnel, finances, and facilities of the partner organizations?

14. Determine the intended outcomes of the alliance.

**Please submit the following attachments for each organization identified in the alliance.**

- Complete list of Board of Directors, including name, address, phone, affiliation
- IRS tax-determination letter
- Budget for the current fiscal year
- Audited financial statement for last fiscal year, or if unavailable, last year-end income and expense statement signed by your Treasurer
- Brochure and annual report
- Minutes of Board meeting with resolution(s) to pursue an alliance
- If applicable, written agreement with technical assistance provider including a contract and consultant’s workplan describing activities to be implemented and expected outcomes

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|-----------------------------------------------------------------------------------------------------|
| STRATEGIC ALLIANCE FUND<br>OF WAUKESHA COUNTY<br>2212 S. KINNICKINNIC AVENUE<br>MILWAUKEE, WI 53207 |
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*Note: The applicant may complete this form or provide the requested information in a typed format.*