

2017 Application

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|  | **Yes,** I have read and understand the submission guidelines. I further understand that Potawatomi Hotel & Casino reserves all rights and all decisions are final, and they can disqualify an organization for any reason. | | | | | | | | | |
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| **Contact Information** | | | | | | | | | | |
| Organization Name: | | | | | | | | | |  |
| Address: | | | | | | | | | | |
| City: | | | State: | | | | | | | Zip Code: |
| Phone: ( ) - | | | Fax: ( ) - | | | | | Website: | | |
| Executive Director: | | | | | | | Phone: ( ) - | | | Email: |
|  | | | | | | | | | | |
| Primary Contact: | | | | | | | | Title: | | |
| Phone: ( ) - | | | | | | | Email: | | | |
| Day-to-day *Heart of Canal Street* Contact:  (This person will receive ongoing updates.) | | | | | | | | Title: | | |
| Phone: ( ) - | | | | | | | Email: | | | |
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| **Organization Information** | | | | | | | | | | |
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| *Demographics* | | | | | | | | | | |
| Number of people served in 2016: | | | | | | | Number of children (17 and under) served in 2016: | | | |
| Primary county served: | | | | | Dodge  Jefferson  Kenosha  Ozaukee  Milwaukee  Sheboygan  Racine  Walworth  Washington  Waukesha | | | | | |
| Number of paid staff in 2016: | | | | | | | Number of volunteers in 2016: | | | |
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| *Budget* | | | | | | | | | | |
| Breakout of 2016 funding sources: | | | | Corporate: | | | | | % | |
| (by percentage) | | | | Foundations: | | | | | % | |
|  | | | | Government: | | | | | % | |
|  | | | | Individuals: | | | | | % | |
|  | | | | Federated Campaign (i.e. United Way): | | | | | % | |
|  | | | | Other: | | | | | % | |
| Total operating expenses for 2016: $ | | | | | | Total revenue for 2016: $ | | | | |
| Percentage of revenue spent on administrative and fundraising costs:      % | | | | | | | | | | |
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| *Operations* | | | | | | | | | | |
| Number of years organization has been in existence: | | | | | | | | | | |
| In those years, has the organization been named something else? If so, what? | | | | | | | | | | |
| List or attach board members (names and professional affiliation): | | | | | | | | | | |
| Organization Mission Statement: | | | | | | | | | | |
| *Please continue to next page.* | | | | | | | | | | |

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| **Questions** | | | |
| **Describe the services/programs provided by the organization:** | | | |
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| **In general, describe how the organization helps children (used for promotional efforts):** | | | |
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| **Describe SPECIFICALLY how the *Heart of Canal Street* dollars will be used to help improve the lives of children. (i.e. general operations, specific program, etc.)**  ***Note:*** *Up to 25% of the donation received can be allocated to general operations. The majority must be devoted to a specific children’s program.* | | | |
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| **How many children will be served through the above use of *Heart of Canal Street* dollars?** | | | |
| **Does your agency have specific programs to assist low-income families?**  Yes  Yes, we include it in our regular programming  No | | | |
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| **If yes, describe how the *Heart of Canal Street* donation will help low-income families:**    **Please describe VOLUNTEER engagement opportunities for PHC leadership and *Heart of Canal Street* ambassadors – approximately 10 to 40 people.** | | | |
| **Other items to be included with ALL applications (required for submission):** | | |
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| Copy of IRS Federal Tax Exemption Letter | | Copy of most recent IRS Form 990 |
|  | Completed W-9 Taxpayer Identification Number and Certification form (Must have a current signature) | Copy of most recent audit and management letter |
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| **Completed charity applications must be postmarked by Friday, June 16, 2017**.  **NO EXCEPTIONS.**  Potawatomi Hotel & Casino  David Kuta Public Relations Specialist  1721 W Canal St  Milwaukee, WI 53233  **NO HAND-DELIVERED APPLICATIONS ACCEPTED.** | | |