

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:       |
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| 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:**  |
|       |
| **In general, describe how the organization helps children (used for promotional efforts):**  |
|       |
| **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.* |
|       |
| **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 & CasinoDavid KutaPublic Relations Specialist1721 W Canal StMilwaukee, WI 53233**NO HAND-DELIVERED APPLICATIONS ACCEPTED.**  |