



I. Contact Information:

Organization/School/Club Name _____

Address _____

Contact Person _____

Address/E-Mail _____ Phone: _____

Total Project Budget \$ _____ Amount requested \$ _____
(\$500 max.)

II. Assurance Statement for 2019-2020 Youth Grants

To be considered for funding by the Madison Civics Club, an organization must complete our application form and return it along with this signed assurance statement and a copy of the organization's 501(c)(3) or *equivalent* determination letter from the IRS.

On behalf of the requesting organization, I hereby certify that the requested grants will be used for the purposed stated on the application form and will not be used in any program that otherwise discriminates on the basis of race, sex, religion, color creed, disability, sexual orientation, national origin, ancestry or age, or any other basis prohibited by applicable law.

Signature of Authorized Official

Date

Print Name

Name of Requesting Organization

Funds must be used for the purpose proposed in the grant application or be returned to Madison Civics Club.

Mail this form to:

Madison Civics Club, P.O. Box 46472, Madison, WI 53744-6472