**OVERVIEW**

Thank you for your interest in the Kelmann Cares Foundation.

The Kelmann Cares Foundation puts southeastern Wisconsin families first by creating, identifying and supporting projects and organizations that exist to:

1. positively impact family life;
2. better the communities in which we live and work; and
3. support and honor the men and women who protect our families and communities.

We believe that by supporting local families, we may impact communities, our nation and the world.

Grants are considered on a bi-annual basis by the Foundation’s board of directors. **Please note that the maximum amount to be awarded per winning applicant is $1,000.** All applicants will be notified of the board’s final decision two weeks after the close of the grant deadline.

Please select your application period:

Spring 2020 Grant  
Spring Application Deadline: May 1, 2020  
Applicants will be notified of the board’s decision by May 15, 2020.

Fall 2020 Grant  
Fall Application Deadline: October 1, 2020  
Applicants will be notified of the board’s decision by October 15, 2020.

All applications must be submitted by email to Adam Nelson, Kelmann Cares Treasurer, at [apnelson@kelmann.com](mailto:apnelson@kelmann.com) (download this form, complete it, print to sign and then scan back to email) or by mail to the following address and received by the appropriate grant period deadline listed above:

Kelmann Cares Foundation

ATTN: Adam Nelson

12001 W Dearbourn Ave.

Wauwatosa, WI 53226

**GUIDELINES AND REQUIRED ATTACHMENTS**

Please provide the following information for grant consideration. Each document must be enclosed as a separate document as part of your application.

1. This completed application
2. Background/History  
   Brief history of your department or organization and how this grant with benefit your community.
3. Vendor Equipment Quote (if applicable)  
   The quote must meet the following criteria:

* Dated within the last six months
* Only contain the item pertaining to your grant request
* Total dollar amount from the quote must match the application amount *(awarded amount will not exceed $1,000)*
* Only purchase of equipment are permissible – no warranties or maintenance plans

1. Equipment Inventory (if applicable)  
   Please provide your current inventory list of major equipment.

**APPLICATION**

First Name:

Last Name:

Title:

Email:

Phone Number:

EXT:

Organization/Department:

Department Tax ID # (xx-xxxxxxx):

Mailing Address:

Mailing Address 2:

City, State, & ZIP:

Shipping Address:

Alternate Contact Name:

Alternate Contact Phone Number:

EXT:

Alternate Contact Email:

Communities served by your organization:

Population:

Number of calls for server per year:

Please select the type of grant you are requesting (check one):

Equipment Donation

Continuing Education/Scholarships  
The Foundation will only review and reward scholarships with accredited schools and programs.

**EQUIPMENT DONATION**

*Complete this section if you are applying for an Equipment Donation Grant.*

*The Foundation will purchase the requested equipment on your behalf and the vendor will ship it directly to your organization. Upon delivery, you must mail a copy of the signed and dated packing slip to the Foundation.*

What equipment are you requesting? Please provide the description and quantity of each item.

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | DESCRIPTION | QUANTITY | COST PER ITEM |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Vendor Company Name:

Sales Representative First and Last Name:

Sales Representative Email:

Total Cost of requested equipment (include sales tax and shipping if applicable):        
*(Awarded amount will not exceed $1,000)*

Briefly explain how the equipment will benefit your community and your department:

**CONTINUING EDUCATION/SCHOLARSHIPS**

*Complete this section if you are applying for a Continuing Education/Scholarships Grant.*

*Please note, the Foundation will only review and reward scholarships with accredited schools and programs.*

How do you plan to use the funds requested?

What is the amount of funding you are requesting? *(Awarded amount will not exceed $1,000.)*

Please provide a detailed description of how the funding will assist your department:

Please provide a detailed description of how the education will help the community.

**GENERAL COMMUNITY IMPACT**

*Complete this section if you are applying for a Continuing Education/Scholarships Grant or a Continuing Education/Scholarships Grant.*

Please describe how you have attempted and been unsuccessful in your municipality at securing requested funding.

Please provide detail, including statistics and research if applicable, about the positive impact funding could provide for your community.

**MEDIA RELEASE**

First Name:

Last Name:

Title:

Organization:

The undersigned representing the organization listed above, and its members, herby grants the Kelmann Cares Foundation permission to use, convey, reproduce, copyright, and publish images or visual likenesses, names and/or voices in any photograph, videotape, sound or other recording, and/or media for commercial, information, educational, advertising or promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product or the advertising copy which maybe be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless the Kelmann Cares Foundation from any liability of any nature or description by virtue of any use whatsoever of my personal information, whether intentional or otherwise, including but not limited to any change that may occur or be produced in the taking of said pictures or images or in the recording of any sound, or any processing in connection with the completion of the finished product.

I accept the Terms of the Agreement.

By signing below, the Applicant agrees that the information provided in the application is accurate to the best of their ability.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_