WEEB GRANT PROGRAM COVER PAGE

Administering Organization	Mailing Address (Street, City, State, Zip)		
Project Director/Contact Person	Daytime telephone area code/number	Fax area code/number	Email
Mailing Address *(if different from above)* Street, City, State, Zip		If different addresses, send mail to: ☐ Admin. Organization ☐ Project Director	
Project Title			
Grant Request: $ _____ Matching Funds: $ _____ Percent Match: _____ % (25% minimum)		Project Start Date:_____ Project End Date:_____ Number People Served _____	
WI Legislative Assembly District of Administering Organization _____ WI Legislative Senate District of Administering Organization		Assembly District(s) of Target Audience	Senate District(s) of Target Audience

REQUIRED ABSTRACT
Limit to space provided below.

CERTIFICATION

If this project is approved, the undersigned certifies that the organization will participate as indicated in the narrative and will provide the matching dollars by cash, services, or in-kind contributions between June 1, 2016 and December 31, 2016. **None of these grant funds will be used to supplant existing funding.**

Project Director	Signature ➢	Title	Date signed
Primary Grant Writer	Signature ➢	Title	Date signed
Superintendent	WILL BE REQUIRED IF YOUR PROPOSAL IS SELECTED FOR FUNDING		Date signed