

# THE WISPACT FUND GRANT AWARD APPLICATION

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

Name of WisPACT Beneficiary: \_\_\_\_\_

WisPACT Account Number: \_\_\_\_\_

Date WisPACT Trust was created: \_\_\_\_\_ WisPACT Trust Balance: \_\_\_\_\_

Have you received a WisPACT Grant in the past?  yes\*  no

*\*If yes please attach a separate description of other Grants awarded, including date/amount/nature of other Grants.*

Amount of Request: \_\_\_\_\_

Please describe the request below and explain how the award will make a difference in the beneficiary's life. Please attach relevant supporting documentation such as invoices to this Application.

Name of Applicant \_\_\_\_\_ Title, if applicable: \_\_\_\_\_  
*(beneficiary/agent, legal representative, staff member of non-profit, etc.)*

Affiliated \_\_\_\_\_ organization, \_\_\_\_\_ if \_\_\_\_\_ applicable: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Requesting Reimbursement to Trust sub-account

Requesting payment to third-party vendor \*\*

*\*\*If payment is requested to a third party vendor, please indicate the payee name and address where the check should be sent below:*

**Please mail Applications along with supporting documentation (such as invoices) to:**

WisPACT, Inc.  
c/o Grant Department  
226 Corporate Drive  
Madison, WI 53714