



## General Information

Project Title		
Administering Organization	Mailing Address Street, City, State, Zip	
Project Director Name and Title	Phone	Fax
Mailing Address (if different from above) Street, City, State, Zip	If different addresses send mail to: <input type="checkbox"/> Admin. Organization <input type="checkbox"/> Project Director	
Email Address of Project Director	Township or Municipality (location of the project).	
Grant Request \$	Matching Funds \$	Total Cost of Project \$

## Project Description

Provide a concise summary of the project that describes the need, identifies specific land area(s) involved and offers an overview of the work entailed.



## Plan of Action and Measures of Success

Describe any previous or current efforts to mitigate the impact of the EAB;

Identify the primary objectives of the project and describe the specific actions or activities that will take place to accomplish each of these objectives;

Include a timeline of when events will take place during the grant period that includes the completion date and contact person for each major project milestone; and

Indicate methods of measurement and supporting data used to determine attainment of each milestone and identify the resulting deliverables and outcomes of each project component.



## Project Budget

Please provide a simple project budget using descriptive categories such as: personnel, materials and supplies, contractor or consulting costs, and printing costs. Clearly identify the funds requested, matching funds and source, and total cost of each budget item. See the budget template below.

Deliverables / Activities	Funds Requested	Matching Funds	Source of Matching Funds	Total (Requested and Match)
Personnel				
Materials and Supplies				
Contractor or Consultant Costs				
Printing Costs				

Describe the sources of matching funds.



## Community Engagement

Describe the impact that this project will have on the community, indicate any existing or proposed partnerships, and explain your plan for sharing project results.

## Outstanding Features

Describe any other significant or outstanding features of your project.



## Certification

If this project is approved, the undersigned certifies that the organization will participate as indicated in the application.

Project Director	Signature >	Title	Date Signed
Chief Executive Officer	Signature >	Title	Date Signed
Fiscal Sponsor (if applicable)	Signature >	Title	Date Signed

## Submission Instructions

Complete the grant application form, available at [ROOTSWI.org](http://ROOTSWI.org), and submit the application with all supporting documents via email. Applications are reviewed quarterly and are due on March 1<sup>st</sup>, June 1<sup>st</sup>, September 1<sup>st</sup>, and December 1<sup>st</sup>. Grants will be awarded based on available funding and the merits of the application.

Email application materials to LNRP Director of Projects and Programming, Kendra Kelling, at [Kendra@LNRP.org](mailto:Kendra@LNRP.org). Include the name of the application agency or organization in the subject line along with “ROOTS Grant Application” All attachments must be in either Microsoft Word or PDF format and include the name of the applicant agency or organization and project name in the file title.

Prospective applicants may contact Kendra Kelling at [Kendra@LNRP.org](mailto:Kendra@LNRP.org) or (920)-946-2247, or Tony Fessler, Sheboygan Rotary Club ROOTS Coordinator, at [fessler.e.anthony@gmail.com](mailto:fessler.e.anthony@gmail.com) or (920)-946-6770 for guidance on assessing eligibility, defining the project, and review of application prior to submission. The ROOTS Grant Advisory Committee looks forward to engaging with each applicant and providing interactive and ongoing support.