
**KENOSHA – RACINE BICYCLE CLUB
2011-2012 GRANT APPLICATION
(SHORT FORM)**

(REVISED JUNE 3 , 2011)

ORGANIZATIONS/ INDIVIDUALS SEEKING FUNDING FROM:

**KENOSHA - RACINE BICYCLE CLUB
ATTN: GRANTS COMMITTEE
P.O. BOX 085602
RACINE, WI. 53408-5602**

The Kenosha Racine Bike Club is a group of recreational cyclist who love to ride bicycles, throughout the spring, summer, autumn and even winter months. The current club was created with the combining of the Belle City Bicycle Club and the Kenosha Wheelmen Bicycle Club. The club holds weekly group bicycle rides on the roads of Racine and Kenosha Counties. The club also advocates for bicycling interests among local/ state governmental bodies. Proceeds from the KR Club Annual Ride are used to fund projects that promote safe and recreational bicycling in the Kenosha and Racine area. The club also supports and provides funds for other activities / projects for the betterment of bicycling.

Minimum Requirements for funding for organizations:

- Applicant contact information.
- Completion and submission of this page (along with either the short or long form) by the deadline (if stated)
- Written report on the success of the program / project. (Approx. 1 page or e-mail response)

Organization / Individual Contact Information

Applications will be accepted on an ongoing basis, but must be renewed each year to be considered.

Organizational or Individual Project Name: _____

CONTACT: _____
Name Title Phone

ADDRESS: _____
Street City State Zip

E-mail: _____ **Webpage:** _____

Signature of Project Manager/ President/CEO

Signature of KR BIKE Club/President / BOD

Print Name

Print Name

Date: Received: _____ Approved: _____ Placed on File: _____ Denied: _____

APPROVED BY: _____ AMOUNT: _____

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PROGRAM/PROJECT PROPOSAL INFORMATION

1. Program / Project Name: _____
 2. Description of program / project for which funds are requested: _____

 3. How are the funds going to be used? _____

 4. Amount requested for this program / project: 2011/ 2012 \$ _____
 5. Is the program/project expected to continue beyond this funding period: Yes ___ No ___ Maybe: ___
 6. If the project or program is discontinued, what plans are in place for the program/project: _____

 7. Will this project / program be under the control of a registered organization that is a 501C3 IRS Charitable Non-Profit or other IRS Non-Profit Not for Profit Organization? NO. ___ Yes: ___
(If YES: must fill out long form).
 8. Is this application from a Business that is incorporated: Yes ___ No ___
 9. Are there any restrictions or special conditions set upon this grant and when can we expect a report of how the funds were used and to the success of the program/ project:

 10. When will the follow up report be finished: (Approx. 1 page or e-mail response) _____
 11. _____
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Mail application to:

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