



The Tavern League of Wisconsin is committed to building stronger communities throughout Wisconsin. Preference is generally given to organizations that operate within Wisconsin. Requests benefiting local causes or charities may be referred to local Tavern League chapters for consideration.

Please complete all applicable sections. Attach additional pages if more space is needed.

ORGANIZATION INFORMATION

Organization Name: _____

Organization Address: _____

City: _____ State: _____ ZIP: _____

Organization Mission or Purpose:

How long has your organization been active, or approximately when was the organization formed?

Amount Requested: \$ _____

Is your organization a registered nonprofit? ☐ Yes ☐ No

If yes, Type of Non-Profit: _____

If yes, Federal Tax ID (EIN): _____

Is any member, officer, employee, volunteer, or affiliate of your organization currently a member of or affiliated with The TLW Foundation? ☐ Yes ☐ No

If yes, please explain:

How did you hear about The TLW Foundation?

Has your organization ever been found in violation of any law or regulation, or settled any claim, dispute, or investigation related to alleged wrongdoing? ☐ Yes ☐ No

If yes, please explain:

CONTACT INFORMATION

Primary Contact Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Website: _____

PREVIOUS SUPPORT

Has the Tavern League of Wisconsin or a local Tavern League chapter donated to your organization before? ☐

Yes ☐ No ☐ Unsure

If yes, please provide approximate year(s), purpose of support, and amount donated:

REQUEST INFORMATION

Please describe the purpose of this grant request and how the funds will be used:

Who will benefit from this grant?

Approximate annual organizational budget or project budget: \$_____

Requests under \$5,000 will be forwarded to local leagues

SUPPORTING DOCUMENTATION

Please indicate any additional materials included with this application:

☐ Organizational Budget ☐ IRS Determination Letter ☐ Form 990

☐ Financial Statement or Profit & Loss (*Two Years Suggested*) ☐ Annual Report

☐ Program Information

☐ Other: _____

CERTIFICATION

I certify that the information provided in this application is accurate to the best of my knowledge.

Signature: _____

Printed Name: _____

Date: _____

Please submit this application and any supporting materials by email or mail to:

Email: info@tlw.org

Tavern League of Wisconsin

11801 W. Silver Spring Drive, Suite 200, Milwaukee, WI 53225