

**WISCONSIN MASONIC FOUNDATION – MASONIC MEDICAL FUND
LODGE MATCHING GRANT APPLICATION**

The process for requesting a matching grant from the Wisconsin Masonic Foundation's Masonic Medical Fund is described in detail on the reverse side of this application form. Complete the Application in full. Only complete applications will be considered.

Lodge Name: _____ **Lodge Number** _____

Lodge Mailing Address: _____

Name Of Agency Grant Is To Support _____
(health, educational, safety or rehabilitation agency)

Brief Description of Supported Agency Program and Persons Served:

Equipment To Be Purchased:

Matching Grant For Defibrillators - Grant Limit \$800

Project ADAM grant for providing funding for defibrillators placed in high schools only are pre- approved within a specific budget by the Wisconsin Masonic Foundation Board

Other Defibrillator Grant

Other Equipment – Grant Limit \$2000: Describe Equipment and Cost _____

Recipient Fiscal Responsibility: Attached is a letter from the Recipient Agency signed by an official representative of the agency indicating there are not funds earmarked for the purchase of the desired equipment in their budget.

Lodge Funds Are Being Matched: We understand that the purpose of the Masonic Medical Grants Program is to **help the Lodge** perform charitable acts in the community. The check attached is Lodge Funds. The Lodge was not merely a conduit for these funds. We certify that the lodge funds were not raised by another organization and paid over to the Lodge in order to obtain a matching grant. Work by individual lodge members at another organization's fundraiser does not constitute Lodge Funds. Describe the source of the funds or how **the Lodge** raised the funds to be matched.

Certification of Accuracy:

We, the Worshipful Master and Secretary of the above named Lodge have read this application in Lodge which was approved by a majority of those present and certify the accuracy of the information provided. We certify that the enclosed funds are Lodge Funds and that the Lodge was not merely a conduit of funds from another organization to obtain a matching grant.

Dated this _____ day of _____, 20____.

Worshipful Master

Lodge Secretary

A Lodge Check payable to Wisconsin Masonic Foundation – Medical Fund is attached.

Mail Completed Application with attachments to: Wisconsin Masonic Foundation Medical Fund, 36275 Sunset Drive, Dousman, WI 53118, Attn: Erika L. Miller

Wisconsin Masonic Foundation's Masonic Medical Fund

Matching Grant Application Process

The process for request of a matching grant from the Wisconsin Masonic Foundation's Masonic Medical Fund, requires three steps. Completion of these steps is necessary in order to move your grant to approval as quickly as possible.

1. **Define the program or project** – This can be done in a letter addressed to the Board of Directors of the Wisconsin Masonic Foundation. It should include what type of health, educational, safety, or rehabilitation agency you would like to support; the expected cost of the equipment; and a brief description of what the program is and whom it serves.
2. **Prove fiscal responsibility of your recipient** – Obtain an official statement from the organization requesting matching funds, indicating that there are not funds earmarked for the purchase of the desired equipment in their annual budget. This letter should be signed by an official representative of the organization.
3. **Include a check for your Lodge's share of the match** – This ensures prompt processing of your request once the foundation board has approved it. *In the case of matching grants for defibrillators, Project ADAM or otherwise, a maximum of \$800 is currently available in matching funds. All other requests for matching funds, qualifying under notation #1 above, may be made in any approved amount up to \$2,000. Checks are made payable to: Wisconsin Masonic Foundation- Masonic Medical Fund**

When should you file your requests? Anytime! The Board of Directors will review your request and process as quickly as they are able. Our Board meets quarterly to review requests.

REMEMBER!! The purpose of the Medical Grants Program is to get Lodges working in their communities to promote the good works of the Fraternity. The Board will NOT approve requests where fundraising is done solely by a partner organization or when funds are channeled through the Lodge. The Lodge itself, must raise or donate the matching funds and submit a portion, preferably all of the matching funds. When the Lodge partners with another organization to raise funds appropriate advertising and signage should indicate that the Lodge is a partner in the fundraising.

Where to send your completed request –

Wisconsin Masonic Foundation- Masonic Medical Fund

36275 Sunset Drive

Dousman, WI 53118

Attn: Erika L. Miller

***Project ADAM grants, which provide funding for defibrillators placed in high schools only, are pre-approved within a specific budget by the Board.**