

# 26952 - 2026 Cycle 1 Capital Grant Application Components

## Application Details

Funding Opportunity: 26943-Capital 2026-01  
Funding Opportunity Due Date: Feb 1, 2026 4:00 PM  
Program Area: Capital  
Status: Editing  
Stage: Final Application

Initial Submit Date:  
Initially Submitted By:  
Last Submit Date:  
Last Submitted By:

## Contact Information

### Primary Contact Information

Active User\*:  
Type:  
Name: Salutation First Name Middle Name Last Name  
Title:  
Email\*:  
Address\*:  
  
City State/Province Postal Code/Zip  
Phone\*: Phone ###- Ext. ###-####

### Organization Information

Status\*:  
Name\*:  
Organization Type\*:  
Organization Website:  
Address\*:

City State/Province Postal Code/Zip

**Phone\*:**

###-###-####

**Date when organization received 501(c)(3) federal tax-exempt status (mm/dd/yyyy):** (mmddyyyy)

## Project Information

Primary activities must fall within project period described in Funding Opportunity.

For Capital projects, the Commission considers the project start and end dates to be the dates between which the primary project activities will actually be carried out (construction dates, equipment purchase period, etc.).

**Project Start Date\*:**

**Project End Date\*:**

**Capital Expenditure Category\*:**

Find your County Supervisor: <https://dcimapapps.countyofdane.com/supervisors/?page=Who-is-my-Supervisor%3F>

**Dane County Supervisory District\*:**

Provide a one or two sentence summary that could be used in future press releases to describe your project. (Max. length is 50 words/1000 characters.)

**Abstract\*:**

## Fiscal Receiver / Secondary Contact Information

Use this section to enter the contact information for your Fiscal Receiver, if your organization is using one. If you are not, you may use this section to provide information for an additional project contact person, if appropriate.

**Fiscal Receiver:**

**Contact Person:**

**Title:**

**Address:**

**Phone:**

**Email:**

**How did you hear about this opportunity?:**

## Project Narrative

Provide a brief summary about your organization, including history, programs, goals, major accomplishments, success stories, qualifications. (400 words maximum/3600 characters)

**Keep in mind that formatting of text (size, bold/italic, font variations) may increase the character limit. To maximize available characters, paste as plain text. If you have questions, do not hesitate to reach out to Augusta Brulla, [brulla.augusta@danecounty.gov](mailto:brulla.augusta@danecounty.gov) (608-283-1475)**

**Applicant Info/Background\*:**

Explain merit of project, describe what the capital purchase/improvement will resolve and why it is a priority at this time. (400 words maximum/3600 characters)

**Merit of Project\*:**

Describe organizational capability (project management, equipment/vendor/contractor selection, oversight), and plan for implementation (goals/outcomes, work plan and timeline, evaluation). (400 words maximum/3600 characters)

**Organizational Capability and Implementation\*:**

Articulate the public value of your project as it relates to the size and characteristics of the community/population, including estimate of individuals engaged or served. Explain why your project benefits Dane County and merits tax-payer dollars. (300 words maximum/3600 characters)

**Primary Community/Population Served and Public Value\*:**

# Budget

## Capital Expenses (Cash)

Category	Explanatory Notes (25 char. limit)	Expense Covered by Grant	Cash Expense Amount	Total Expense
Equipment				
Capital Improvements				
Supplies/Materials				
Personnel				
Other				

## Requested Percentage

Percentage of Expense Covered by Grant:

## Capital Income (Cash)

Category	Explanatory Notes (25 char. limit)	Status	Amount
Income Source 1			
Income Source 2			
Income Source 3			
Income Source 4			
Income Source 5			
Income Source 6			
Income Source 7			
Income Source 8			

## Budget Narrative

Additional explanation of budget figures. Be sure that any explanation of budget figures in this section matches the budget figures included above. (2000 characters max)

Budget Narrative:

## Budget Summary

Total Expense Amount:

Cash Income Amount:

Expense Covered by Grant (Request Amount):

## Budget Balance

Expenses minus Income. This should be \$0.00

Zero-Based Budget:

# Attachments/Supplemental Materials

Named Attachment	Required	Description	File Name	Type	Size	Upload Date
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Required (for all applicants)

Please Note: Cost Estimates must be from 2 separate vendors

Professional cost estimate or bid, or equipment/capital improvement specifications incl brief description of process/rationale for selection from Vendor #1\*



- Professional cost estimate or bid, or equipment/capital improvement specifications incl brief description of process/rationale for selection from Vendor #2\*✓
- Project personnel: list and evidence of qualifications\*✓
- Current Letter of support #1 from the community at large (highlighting rationale for undertaking capital purchase or improvement, public value, commitment)\*✓
- Current Letter of support #2 from the community at large (highlighting rationale for undertaking capital purchase or improvement, public value, commitment)\*✓
- Current Letter of Support #3 (optional)
- Required for Applicant (Organizations Only)
- Mission statement
- List of officers/board members and primary staff involved in project
- Year-end income/expense statement from immediate past fiscal year
- Income/expense statement from current fiscal year
- IRS federal tax-exempt 501(c)(3) determination for your organization or fiscal receiver
- Required for Applicant (Using a Fiscal Receiver Only)
- Letter of Commitment from Fiscal Receiver

Other Attachments

Description	File Name	Type	Size	Upload Date
No files attached.				

Authorization/Certification

The undersigned hereby certifies that the information contained in this application and all attachments are true and correct to the best of his/her knowledge.

Applicant/Authorized Official\*:

Title\*:

Date Signed\*: