Triple Creek Country Park Renovations, Downing Wisconsin

August 2026 Community Impact Grant Cycle

Village of Downing

Mrs Jennifer Lagerstrom Sue Mason
402 main street
Downing, WI 54734

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M: 715-688-9494

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Application Form

Instructions
INSTRUCTIONS

Complete the grant application by responding to the fields below. Note that any fields with an asterisk are required fields and must be completed prior to submitting an application.
As you complete the form, the system will auto-save every 100 characters typed or every time you click out of a field. You may collapse question groups as you go, as an indicator to yourself that you've completed that section and to reduce scrolling.

The system also allows you to Save an application and come back to it before submitting. There is also a Collaborator feature that allows applicants to work together on a single request. https://docs.google.com/document/d/15NsdFgi3lBmBu0_pp1zj2HZ51I4mx8Wryjrx4FYOmdg/edit?usp=sharingClick here to learn about the collaborator feature. Contact the Community Foundation at (715) 232-8019 if you have any questions or problems with the form.

Request Overview

Project Title*
Please provide a descriptive Name/Title for this grant request.

Triple Creek Country Park Renovations, Downing Wisconsin

Amount Requested*
Typical grant amounts range from $500 to $5,000 or more.

$5,000.00

Program Area*
Please check the program area that best categorizes this grant request.

Community and Economic Development

Geographic Area Served*
Please select which geographic area is primarily being served by this request.

Dunn and surrounding county/counties

Does your organization function within Dunn County?*

Yes

Population Served*

Please select the specific population being served by this request. You can select age and income level in the next section. If the population this grant targets is not listed, please choose "General".

General

Age Group Served*

Please select the specific age group served by this grant request.

All ages

Income Level Served*

Please select the income level of the target population being served by this request.

Lower-Middle Income

Non Discrimination Policy*

In accordance with federal regulations, the Community Foundation of Dunn County does not discriminate based on race, color, creed, sex, religion, age, disability, sexual orientation, marital status or national origin. Do the applicant organization's employment and service practices comply with this policy?

Yes

About Your Organization

1. Organization Overview*

Please provide a brief background about your organization, including a short summary of the organization's history, mission, goals, accomplishments, and challenges.

The Village of Downing board began in the early 1900's when the community was founded. Today our Village has a population of 225 people. Our mission is to continue to have a community that people want to live, raise a family and come back to visit. The community is small with a few local businesses and a church. Our Village board consists of five members that work very hard to keep our community functioning. For instant keeping up with new culverts, road and sewer repairs, new power poles and lights and fundraising to upgrade our community park that is located in the center of our Village. Our challenges is funding for our park Triple Creek Country Park.

2. Current Initiatives*

Please describe your current programs, activities, community impact and the community's involvement or support of your organization.

The Village currently have a donation aluminum can trailer located at the park that the community donates to. It gets emptied once a month. We also have two donation boxes located in the town that are also emptied once a month. Starting in August 2026 there will be a traveling trophy for the businesses with the most monthly donations for the month to display. We also had a Spring Craft fair with on going plans for the fall craft fair and corn and brat boil September 19,2026 with hopes to grow this September to become a yearly festival. Our community is trying, the more they see us making small improvements to the park the more they are willing to help. It is definitely taking a Village to get our projects started and completed. The community impact is overwhelming when you see kids playing , laughing and families spending time together. And most of all when we are working in the park we have neighbors that you don't normally see to say thank you for everything and offer some help.

3. Organizational Structure*

Describe the current structure of your organization, including how the organization functions on a daily basis. (CEO, staff, volunteers, etc.)

The Village Board consist of 5 elected officials, president, clerk, treasurer and two trustees. The board members all work full time jobs so every free minute any one has they are planning and researching. The board meets on the second Monday of every month and that's when items are discussed, voted on, public concerns are addressed and discussions occur at this time. From these discussions and items voted on we delegate who will find out what we need and for when and report to the clerk.

About the Grant

What is the community need that this request addresses?*

The shelter at the park is needing electricity added to its current structure. This would allow for a Addison of restrooms that need to be installed into the park due to the growth of use. We also need the electricity to have future fundraising events and community use to be held at the park. The park is also needing some repairs of current playground equipment and would like to add more structures for the children to enjoy. This is just the beginning to our future plans.

Project Goals and Activities*

Describe the specific goals and activities of your project and how they will be carried out or accomplished.

The current projects is the electricity to the shelter. Fabrications of parts for the mitcell whirls play ground equipment and adding restrooms with running water.
These project will be carried out by grants, donations and current fundraisers.

Project Outcomes*

Describe the anticipated outcomes resulting from this grant project, its impact and how the community will be better served.

This will allow families and community to use the park for family/friends gathering or activities. This will allow the board to host community events and future fundraising to expand the park. This also allows children to have somewhere to play and gather with friends instead of vandalizing our community.

Anticipated Challenges*

Describe any anticipated challenges and how you will meet them.

The Village of Downing's big challenges are financial and learning on how to get help for our community due to it being so small and a of of low income residence and lack of community businesses.

Sustainability*

Please describe how you will fund and continue to sustain these activities beyond the grant period.

The Village will continue the current fundraising efforts of the business donation boxes, aluminum can donation trailer located at the park, spring and fall village clean up, spring and fall craft event, brat and corn feed and expanding to have a triple Creek Country Downing days with fun events to be held every year in September.

Staff - Project Summary*

Originally requested $50K, called and asked what a 5K ask would look like, and they said bathrooms would be about that amount. Changed the amount.

Grant Project Budget

Anticipated Project Income*

Please list out all anticipated sources of income for this specific grant project with amounts and whether the funding is approved or pending.

Ex: Dunn Energy Cooperative: $1,000 - Approved

Our source of income for the park project is The Village will continue the current fundraising efforts of the business donation boxes, aluminum can donation trailer located at the park, spring and fall village clean up, spring and fall craft event, brat and corn feed and expanding to have a triple Creek Country Downing days with fun events to be held every year in September.

Total Project Expenses*

What are the total expenses for this particular grant project? This may be more than your grant request amount and helps us to understand if the Foundation is funding a portion of the project or the full cost of the project.

$50,000.00

Project Expenses Description*

Please itemize the expenses for this grant project, including a short description of each item and the anticipated cost. (Personnel, Materials and Supplies, etc.) If this grant is to cover a portion of the project, please list all expenses of the project and then specify which expenses you anticipate being supported by this CFDC grant.

Pending approval of grant applications makes up what we can do for our project. The village goes month to month with donations and gets the projects done that they are able to complete. The whole project we are looking at is over 200,000.00. Right now our focus is . The village also does not post for bids until we have the funding to go ahead.
- Electricity
- Restrooms and water
- Equipment restorations and addition of new equipment

Project Budget Upload

(Optional) You may upload a separate file of your own, representing this grant request's Project Budget. For help creating the document, you can click here to download our Grant Project Budget template.

Letter of Support

(Optional) Letters of Support are optional, unless another organization or individual is integral to the purchase or use of the program and/or is a fiscal sponsor. Then it is required.

Additional Supporting Documents

(Optional) You may upload additional supporting documents to your request. If this grant request is to purchase a specific item or equipment, please upload a financial quote or spec sheet about the item here.

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Staff - Project Budget Summary*

Brief sentence about how the grant budget is broken down by item.

They do not yet have an estimates about the exact costs of the project (or bathroom specific)

Required Organization Financials

Current Board of Directors*

Please upload a list of your organization's current Board of Directors.

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Organizational Budget*

Please upload your organization's most recent Operating Budget with projected revenues and expenses.

2026 Budget (1).pdf

Audited Financials

Please upload a copy of your organization's current Audited Financial Statement, if you are required to file.

Audit Opt-Out

Under Wis. Stat. § 202.12| a charitable organization with annual contributions over $500,000 must file an audited financial statement and include the opinion of an independent CPA. A charitable organization with annual contributions less than $500,000 and over $300,000 must file a financial statement reviewed by an independent CPA. If you do not upload an audit or financial statement, please verify that your organization is not required to based on this state statute.

Our organization is not required to file an audited financial statement

Proof of 990 Filing*

Please upload proof of current IRS 990 Filing. You may upload the first page only; the full 990 document is not required.

IMG_4041.jpeg

Authorization

Applicant Agreement*

As the applicant submitting this request on behalf of the organization, you certify that:

- **The information provided in this application is complete and accurate to the best of your knowledge.**
- **Falsification of information will result in termination of any award granted.**
- **You have discussed this project and grant request with the necessary authorized representatives at your organization. They support this request and the proposed allocation of funding.**

If awarded a grant, the organization will:

- **Carry out the activities and expend grant funds as described in the proposal, to the best of their ability.**
- **Submit significant changes in the scope or budget of the project to the Foundation for approval.**
- **Complete and submit written reports as required no later than 12 months from the date the grant is awarded.**
- **Acknowledge the role of the Community Foundation of Dunn County in supporting the organization in communications with their board and the public.**

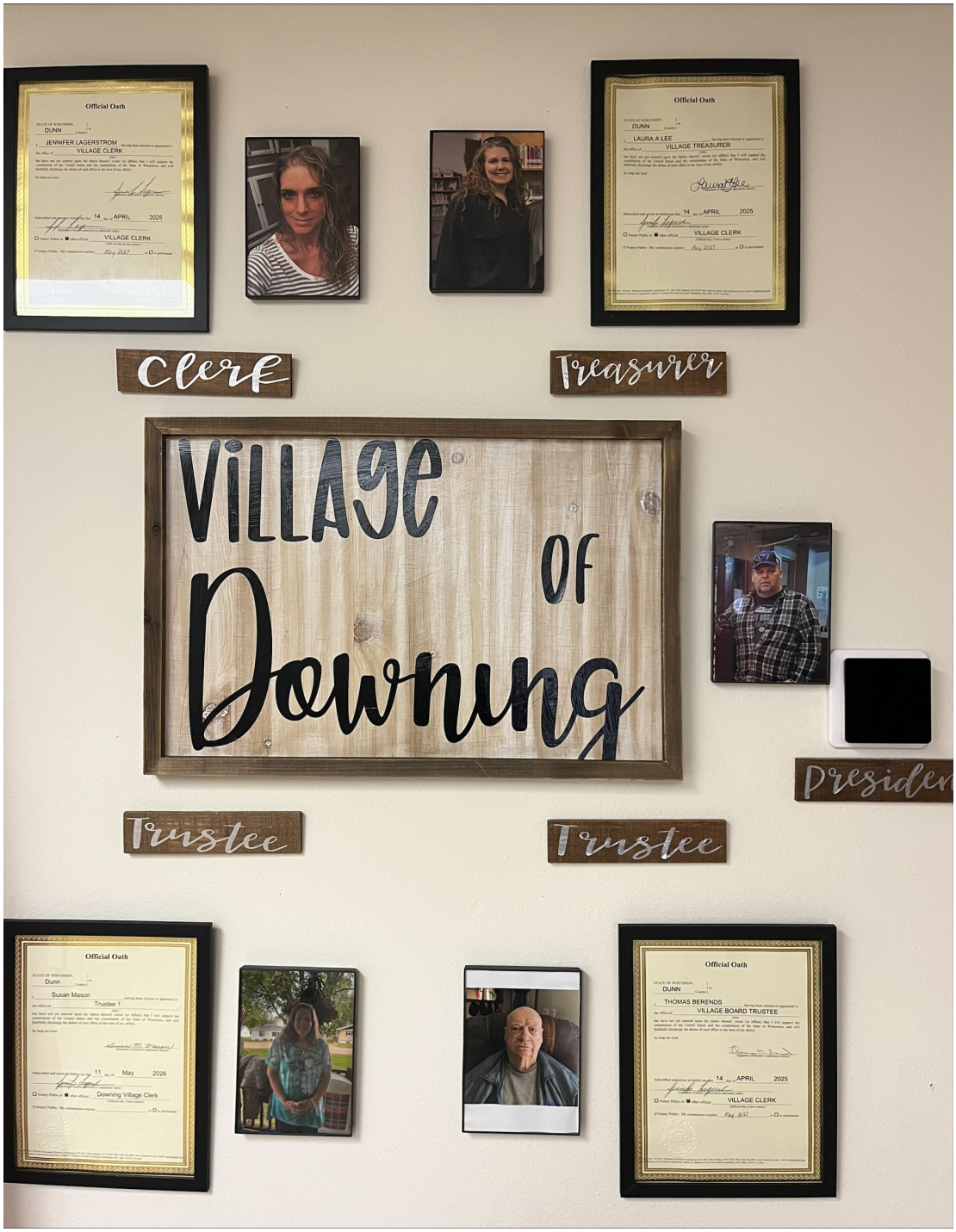
- **Provide copies of all publicity, press releases or promotional materials. If available, provide photos in digital format.**

I agree

File Attachment Summary

Applicant File Uploads

- processed-7C9BB8B3-0094-4504-B377-822144437575.jpeg
- 2026 Budget (1).pdf
- IMG_4041.jpeg


Official Oath
STATE OF WISCONSIN
DUNN
JENNIFER LAGERSTROM
VILLAGE CLERK
14 APRIL 2025
VILLAGE CLERK
Official Oath
STATE OF WISCONSIN
DUNN
LAURA A LEE
VILLAGE TREASURER
14 APRIL 2025
VILLAGE CLERK
Clerk
Treasurer
VILLAGE OF Downing
Trustee
Trustee
Official Oath
STATE OF WISCONSIN
Dunn
Susan Mason
Trustee 1
11 May 2026
Downing Village Clerk
Official Oath
STATE OF WISCONSIN
DUNN
THOMAS BERENDS
VILLAGE BOARD TRUSTEE
14 APRIL 2025
VILLAGE CLERK

TOTAL BUDGET	*2026 Budget*
Revenues	
Sewer Fund Revenue	40,800
Trash Fund Revenue	17,550
Licenses & Permits	
Business Licenses	1,750
Land/Property Permits	30
Pet Licenses	300
Intergovernmental Revenues	
Shared Revenues	60,297
Levy	34,031
Transportation Aid	12,576
2% Fire Runs	730
Misc	50
Lottery Credit	2,300
Taxes, Credits, Settlements	9,690
Miscellaneous Revenue	0
Special Charges Collected - Animal Control Fee	125
Special Charges Collected - Fire Services	1,243
Interest Income	300
Other Income	
Total Revenues	**$181,772**
Expenditures	
Sewer Fund Expenditures	40,800
Trash Fund Expenditures	17,550
Administrative Salaries	11,400
Administrative Expenses	3,000
Election Expenses	8,000
Legislature Salaries	3,600
Professional Services	4,500
Property Expenditures	5,000
Public Safety	12,500
Road Maintenance & Lighting	30,000
Road Construction	5,000
Culture	4,200
Payroll Expenses	1,500
Other Expenses	100
Total Expenses	**$88,800**
SAVING (for future upgrades/repairs/etc)	**$92,972**
REVENUE - EXPENDITURES	**$0**

Form **941 for 2026:** **Employer's QUARTERLY Federal Tax Return**
(Rev. March 2026) Department of the Treasury — Internal Revenue Service

950126
OMB No. 1545-0029

Employer identification number (EIN) 39-1721049

Name (not your trade name) VILLAGE OF DOWNING

Trade name (if any)

Address 402 Main Street
Number Street Suite or room number

Downing WI 54734
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2026 (Check one.)
- ☐ 1: January, February, March
- ☑ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December

Aggregate Return Filers Only
Type of filer (check one):
- ☐ Section 3504 Agent
- ☐ Certified Professional Employer Organization (CPEO)
- ☐ Other Third Party

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: **Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico must skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4)	1	5
2	Wages, tips, and other compensation	2	4,350.00
3	Federal income tax withheld from wages, tips, and other compensation	3	0.
4	If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check here and go to line 6.		

		Column 1		Column 2
5a	Taxable social security wages	4,350.00	× 0.124 =	539.40
5b	Taxable social security tips	0.	× 0.124 =	0.
5c	Taxable Medicare wages & tips	4,350.00	× 0.029 =	126.15
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	0.	× 0.009 =	0.

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	665.55
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	0.
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	665.55
7	Current quarter's adjustment for fractions of cents	7	.03
8	Current quarter's adjustment for sick pay	8	0.
9	Current quarter's adjustments for tips and group-term life insurance	9	0.
10	Total taxes after adjustments. Combine lines 6 through 9	10	665.58
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	0.
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	0.
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	0.
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	665.58
15a	Overpayment. If line 13 is more than line 12, enter the difference		. 15b Check one: ☐ Apply to next return. ☐ Send a refund.
15c	Routing number	15d Type:	☐ Checking ☐ Savings
15e	Account number		

You MUST complete both pages of Form 941 and SIGN it.