

11/1/12 - Spoke To Tom Schraeder and told him the grant request would be considered at the December meeting of the Board of Directors.

# Elmer G Biddick

## CHARITABLE FOUNDATION

11623 State Road 80 Livingston, WI 53554  
Phone (608) 943-6363 Fax (608) 943-6365  
[www.biddickfoundation.com](http://www.biddickfoundation.com)

Brian D. Nodoff - President  
Rachel L. Jordan - Vice-President  
Bradley D. Biddick - Secretary/Treasurer

*gf* Daniel B. Biddick  
Peggy J. Biddick  
James W. Neuendorf  
William R. Warner

### GRANT APPLICATION. Due Dates April 15<sup>th</sup> and November 1<sup>st</sup>

Date: 10/29/12

Name of Organization (must match IRS 501(c)(3) designation) \_\_\_\_\_

Hodan Center, Inc.

Address 941 W. Fountain Street

City, State, Zip Mineral Point, WI 53565

Phone 608-987-3336

Person Responsible for the Grant Tom Schraeder

Position in the Organization Executive Director

Organization's Purpose To provide and promote opportunities for work and personal development so that people with disabilities can achieve individual life goals.

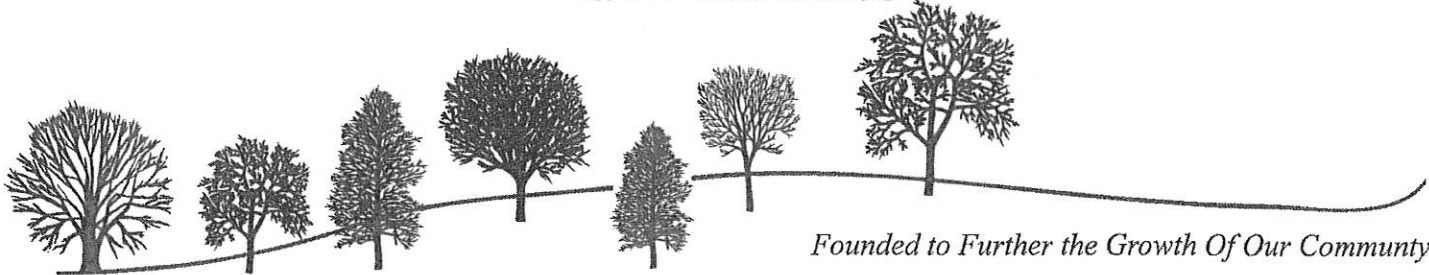
This application must include your organization's latest IRS Letter of Determination showing exemption and public support status. (Not required for units of Government & public schools).

Grant Request \$ 3,200.00

Describe the reason for this grant request in the space below:

Our grant request is to purchase a Turbo-Air 54" glass door freezer for our Wisconsin Innovation Kitchen. This freezer will be located in our Innovation Kitchen's front retail space area. It will be used to sell the frozen food products processed by our 28 client-employees with disabilities.

-Application continued on next page-



Founded to Further the Growth Of Our Community.

Attachments to this grant that we find useful in considering your grant request.

A. Supporting information.

1. Specific use of grant.
2. Time schedule.
3. Other sources of funding.
4. Describe the effect of postponing your request to another time.
5. Describe who, when, how and where will the effects of this grant be felt.

see attached

B. Your organization's history, activities, services, and composition. (Videos are of limited use.)

Applications are considered in June and December of each year. The corresponding deadlines are May 1<sup>st</sup> and November 1<sup>st</sup>. Concise grants that address the needed information are appreciated.

**PLEASE SEND THIS APPLICATION TO ELMER G BIDDICK CHARITABLE FOUNDATION:**

Biddick, Inc.  
11623 State Road 80  
Livingston, WI 53554  
Phone (608) 943-6363  
Fax (608) 943-6365

## ATTACHMENT TO GRANT APPLICATION

### A. Supporting information:

#### 1. Specific use of grant.

The grant request will pay for a lightly used Turbo Air TGF-49F glass door freezer for our Wisconsin Innovation Kitchen. The freezer was listed new for \$11,918 and on sale for \$4,719.53. We can obtain it for \$3,200 if picked up by mid-November. We would be happy to put a plaque on the freezer recognizing the grant from your foundation so the public knows of your generosity.

#### 2. Time schedule.

The seller of the freezer wants it to be purchased and picked up by mid-November. We will put the freezer to immediate use to display and sell the food processed by our 28 client-employees who have disabilities. This includes frozen green beans, tomatoes, corn, squash, and pumpkins. The freezer will also hold pizzas and pasties made in our processing kitchen. These jobs are so valued by the 28 client-employees as they receive work training and paychecks. The raw food produce is also purchased from local farmers, whenever possible.

#### 3. Other sources of funding

We have used local donations of over \$100,000 to buy the kitchen equipment needed to process foods. We have our kitchen fully equipped but need help **with this retail store area display freezer.**

#### 4. Describe the effect of postponing the request to another time.

Postponing the request would cause us to miss the window of opportunity to purchase this freezer at the reduced price. We also would lose out on sales of frozen items that we will have ready for customer purchases during a good sales season.

#### 5. Describe who, when, how, and where the effects of this grant will be felt.

The effects of this grant will be felt immediately by the 28 adults with disabilities who work at our Kitchen as it will expand the sales of food products made by them. This will increase the job opportunities for these adults to make and package more food products.

**B. Your organization's history, activities, services, and composition.**

Hodan Center, Inc. began in 1972 serving 15 people with disabilities in the rented St. Mary's School building in Mineral Point. Today we serve 140 individuals (client-employees) in our accessible building on Fountain Street, at our Wisconsin Innovation Kitchen, our five Bargain Nook stores, and at various job sites in the community (including Rural Route 1 Popcorn!). We are governed by a volunteer board of directors made up of citizens from Iowa, Lafayette, and Grant counties.

Our Work Services department supervises subcontract production jobs at our Center as well as community employment jobs for our client-employees. Our Food Service department supervises client-employees who help prepare hot lunches at our Center and for the Mineral Point Seniors United for Nutrition program. This department also oversees our Wisconsin Innovation Kitchen food processing jobs. Other programs offered at our Center include Enrichment Activities programs, Adult Basic Education classes, and our "Shades of Silver" Seniors program for adults with disabilities who are age 55 and over. We also provide transportation to and from our Center Monday through Friday for the people we serve.