Lenawee Broadcasting Company
242 W. Maumee Street/PO Box 687
Adrian, MI 49221
Phone: (517) 263-1039 Fax: (517) 265-5362
juliek@wlen.com

To: Community Group

From: Julie Koehn-WLEN/Lenawee Broadcasting Company

Re: Community Service Program

Applications are now being accepted for 2017 "Hometown Hope" broadcasting grants. These grants will be awarded monthly to community groups in the Lenawee County area. Community groups, civic organizations, non-profits, even school or church based groups are encouraged to apply. The grant recipients will receive a month-long advertising campaign with 103.9 WLEN valued in excess of $3700.00.

The grant package will include (150) :60 announcements, a community conversation with Dale Gaertner, a 7:40am interview with Kristina & Steve, and a 2-hour live broadcast during the month of your selection (which must be scheduled Mon-Thur 9am-9pm). "Hometown Hope" will feature your organization and will provide an educational and awareness tool to publicize your programs.

"Hometown Hope" will serve to inform the public of projects your organization is undertaking, as well as be used to recruit new members or promote fund raising opportunities. In short, WLEN wants to enlighten the community with the hope your organizations bring to our community every day.

If your organization is interested in being featured during one of the months in 2017, then fill out the attached request. Our selection team will review these requests and will contact you if you are selected. To be considered for this program, please return this request by November 18th , 2016 to 242 W. Maumee Street or PO Box 687, Adrian, MI 49221, or email to juliek@wlen.com .

If you have any questions, please direct them to Julie Koehn at (517) 263-1039 or juliek@wlen.com.

2017 103.9 WLEN Hometown Hope
McDonald's of Adrian and Hudson and Kapnick Insurance Group

Request Form

Attach additional sheets if necessary

Mail To: P.O. Box 687
Adrian, Michigan 49221
Or email: juliek@wlen.com
(517) 263-1039 • (517) 265-5362-fax

Deadline: 11/18/16

Community Organization: _____

Director Name: _____

Address: _____

_____

Contact Number or E-mail: _____

Background of organization in Lenawee County:

Number of people who are involved in your organization:

Number of people who are served by your organization:

Something people in the county don't know about your group:

What would you like to accomplish by having a month on the program?

What time of year would you like to be on "Hometown Hope"?