



**BERESFORD AREA FOUNDATION**

The Beresford Area Foundation is managed by a local board of volunteers who believe in building long-term assets for the community. We believe in giving grants to nonprofits making Beresford a better place to live, work, and enjoy.

**Beresford Area Foundation Grant Application**

Applications Due Date: February 15<sup>th</sup>-April 1<sup>st</sup> of the current year.

**PROGRAM AND ORGANIZATION INFORMATION:**

1. Name of Organization: \_\_\_\_\_

2. Mailing Address of Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Tax ID#: \_\_\_\_\_ 4. Founding/Incorporation Date: \_\_\_\_\_

5. Contact Person for this Application & Title: \_\_\_\_\_

Board of Directors or Fiducial Representative: \_\_\_\_\_

6. Phone #: (\_\_\_\_\_) \_\_\_\_\_ 7. E-Mail Address: \_\_\_\_\_

8. Purpose of Organization and Specification of Charitable Purpose for this grant pursuant to attached **Charitable Purpose Overview Information Sheet** attached to this application for grant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Current Fiscal Year Operating Budget: \_\_\_\_\_

10. Major Sources of Revenue: \_\_\_\_\_

11. Has your organization previously received funds from the Beresford Area Foundation? \_\_\_\_\_

**PROJECT/PROGRAM PURPOSE & NEEDS.**

1. Program/Project Title: \_\_\_\_\_

2. Specifically describe the project/program for your request (what issues are you addressing for the Beresford community? What gaps are you filling for the community?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe the estimated number and target population served through this project/program:

\_\_\_\_\_  
\_\_\_\_\_

4. Specifically describe how the requested grant funds from Beresford Area Foundation will be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe the anticipated project period & use of funds period for the grant funds:

\_\_\_\_\_  
\_\_\_\_\_

6. If ongoing, how will the project/program be sustained?

\_\_\_\_\_  
\_\_\_\_\_

**PROJECT/PROGRAM IMPACT & EVALUATION:**

1. Describe the benefits, impact and expected outcomes of the project on the Beresford community and targeted populations (How will you know the project is successful? What will you measure to ensure the project is meeting its objectives?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROJECT/PROGRAM COST & FUNDING**

1. Total Project/Program Cost: \$ \_\_\_\_\_  
Project/Program Budget Narrative: (attach documents if needed)

2. Additional funding sources for the project (committed and anticipated): \$ \_\_\_\_\_  
Additional committed and anticipated funding sources narrative:

3. TOTAL amount requested from Beresford Area Foundation: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature or Type Name

\_\_\_\_\_  
Date

## **OPTIONS TO SUBMIT YOUR GRANT APPLICATION:**

- a. Email saved grant application and additional materials to: [mjmc@bmtc.net](mailto:mjmc@bmtc.net)
- b. Print and send grant application and additional materials via US mail to: *Beresford Area Foundation, PO Box 84, Beresford, SD 57004*  
*"Distributions are made from earning only and cannot reduce principal, therefore, under low market conditions it is possible that no grant will be awarded."*

**NOTE: Grantees will be required to submit a Community Impact Report Form to the Beresford Area Foundation on or before February 1st of the year following receipt of the grant funds. In addition, with respect to Grantees that are not verified 501(c)(3) entities, Grantee will be required to prepare and submit to the South Dakota Community Foundation an "Expenditure Responsibility Final Evaluation and Expenditure Report" as evidence that the funds were used for the charitable purpose identified on the application on the form that is attached to this application.**



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## **Beresford Area Foundation: Grant Funding Community Impact Report**

**Completion of this brief form by each grant recipient is a prerequisite for consideration for any future BAF grants! Due Date: February 1<sup>st</sup> following the grant year.**

**Grant Recipient:** (organization's name)

**Grant Coordinator/Applicant:**

**Grant Coordinator Phone #:**

**Grant Amount Awarded:** \$

**Grant Request Purpose, Program or Project:**

**Grant Use of Funds Report:** Please provide a detailed budget report/breakdown of how BAF funds were specifically used.

**Grant Outcomes & Beresford Community Impact:** Please provide a brief summary of the measurable outcomes and impact on the Beresford community achieved through the grant purpose. Please include statistics (i.e. the estimated # of people impacted) and the targeted population served.

**Additional Comments:**

**Special Information:** Please attach any posters, publicity, or media for this grant. Photos of completed project are welcomed.

**Thank you very much for your feedback. This is very important to our Foundation.**

### **OPTIONS TO SUBMIT YOUR 2021 COMMUNITY IMPACT REPORT:**

- a. Email: Community Impact Report and additional materials to: [mjmc@bmtc.net](mailto:mjmc@bmtc.net)
- b. Mail: Community Impact Report and additional materials to: Beresford Area Foundation, PO Box 84, Beresford, SD 57004