



**Community Savings Accounts Challenge Grant Application**

Data Fields with asterisks (\*) are required information.

Date \_\_\_\_\_

\_\_\_\_\_

\*Contact Name \_\_\_\_\_

\*Community Savings Account Name \_\_\_\_\_

\*Street Address \_\_\_\_\_

Street Address 2 \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*Phone Number \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*Requested Challenge Grant Ratio/Amount (Grants are only provided in 1:4 or 1:8 ratios. ex. \$25,000 for \$100,000 raised)

\_\_\_\_\_

\*Requested amount of time to reach challenge goal (customary timeframe of 3 years)

\_\_\_\_\_

Requested start/end date of challenge: \_\_\_\_\_

Have you completed a SDCF challenge grant in the past? \_\_\_\_\_

If yes, when did you complete the challenge and what was the ratio/amount you received?

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What steps will you take to meet the challenge in the time allotted? (ex. contacts, events, etc.)

Explain your CSAs commitment to reaching your target amount to receive this challenge grant.

What is your ability to continue fundraising for your CSA after receiving a challenge grant?