

**Pierre/Fort Pierre Community Foundation**

-and-

**Youth Philanthropy Fund**

Funding Application

Application may be completed electronically or manually. Please be sure to write clearly if completing manually.

Submit Application To: [Becky Burke, becky.burke@bankwest-sd.bank](mailto:Becky.Burke@bankwest-sd.bank), PO Box 998, Pierre, SD 57501

Applications due by: **Saturday, April 30, 2022**

**Organization Name** (as it appears on 501(c)(3)): \_\_\_\_\_

**Doing Business As** (if different from above): \_\_\_\_\_

**Taxpayer ID Number** (REQUIRED): \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City, State, ZIP:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Number of People Served in Pierre/Fort Pierre:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Beginning Date for Expenditure:** \_\_\_\_\_

**End Date for Expenditure:** \_\_\_\_\_

**Briefly describe your non-profit organization:**

**Annual Organization Budget for the past two years:**

**Where do you obtain your program/agency funding:**

**Total project/program cost including other funding sources, fundraising, donors, and possible matches  
(provide detail):**

**Application Purpose Summary:** Please include a clear description of the project, the need for the project, community support and continuation plans (if applicable). This description should explain how the project relates to the overall mission. *(Attach additional pages if necessary, but please be concise):*

Have you had any pending or recent lawsuits challenging the propriety of your disbursements and/or the actions of your staff, volunteers or board members? \_\_\_\_Yes \_\_\_\_No

Have you had any pending or recent publicity viewed as adverse or critical? \_\_\_\_Yes \_\_\_\_No

Do you have an annual CPA audit? \_\_\_\_Yes \_\_\_\_No

Date of last audit: \_\_\_\_\_

If your application is approved, you agree to complete a Final Evaluation and Statement of Expenditures Report. \_\_\_\_Yes \_\_\_\_No

Who will attend your agency review if called? *(Phone number must be provided)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Authorized Individual: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Feel free to attach supporting documentation using a paper clip.*