

**SISSETON AREA COMMUNITY FOUNDATION
APPLICATION FORM**

DEADLINE: _____

1. Non-Profit Organization, tax ID, and contact person for the organization:

Organization Name: _____

Tax ID # _____

Contact Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

2. Foundation dollars requested: \$ _____

3. Total cost of the project: \$ _____

4. Purpose of Requested Funds: _____

5. Project Information (*attach separate page if necessary*):

Please describe the project you are requesting funds for. Who will benefit from this project? What is the estimated cost of the project? What other sources will be contributing funds? How will the SACF grant funds specifically be used in this project? What other details would be helpful for the SACF Board to consider in reviewing your request?

6. Project dates:

Starting date: _____ Anticipated Completion Date: _____

I have read, understand, and attest that all information herein is true and complete to the best of my knowledge. I attest that I have the approval of the above named non-profit organization to submit this request, and that this organization serves the Sisseton area.

Contact Signature: _____ Date: _____

Return to: Sisseton Area Community Foundation, P.O. Box 4, Sisseton, SD 57262