



**VERMILLION AREA  
COMMUNITY  
FOUNDATION**

Looking Forward. Giving Back.

# Grant Application Form

**Applications Due  
March 15 and September 15**

The Vermillion Area Community Foundation funds projects that improve the quality of life in the Vermillion area and have a positive impact on our community. We award approximately \$18,000 annually over the course of up to two grant cycles to local organizations. In recent years, VACF has funded about 8 grants per year, with average grant amounts running between \$2000-\$4000 per award. Because we try to meet as many needs as possible, we are not able to provide funding for 100% of all projects. South Dakota Community Foundation rules require VACF to fund tangible items rather than ongoing operating costs or salaries.

**Please type or print in ink and sign.**

Name of Organization/Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is your organization a non-profit 501(c)3? Yes \_\_\_ No \_\_\_

If NO: Individual \_\_\_ LLC \_\_\_ Other-explain \_\_\_\_\_

What is your non-profit or Federal ID #? \_\_\_\_\_

Is your organization run by a Board of Directors? Yes \_\_\_ No \_\_\_

If YES, please provide a copy of the Board resolution giving you the authority to request funding on their behalf. Check if received: \_\_\_\_\_ Date: \_\_\_\_\_

Does this project involve affiliation or collaboration with other agencies or organizations?

Yes \_\_\_ No \_\_\_. If YES, list the names of those agencies or organizations and attach any letters of agreement or support which may be appropriate:

Grant funds requested from the Vermillion Area Community Foundation: \_\_\_\_\_

TOTAL cost of the project: \_\_\_\_\_

Please attach a narrative that provides the following information:

- 1.) Brief description of your organization.
- 2.) Description of the community need you are meeting.
- 3.) Description of your project.
- 4.) Scope of the project. Who will be served? How many will be served?
- 5.) How will you measure the impact of your project?
- 6.) Proposed funding for the project. Include the total cost, and the percentage of the project you are asking the VACF to fund.
- 7.) Timeframe for completion of the project.

**Applications are due by March 15 for spring grant cycle and September 15 for fall grant cycle.**

*I acknowledge that all the information in this grant application is true and correct to the best of my knowledge. I also certify that the funds applied for will benefit Vermillion and the surrounding areas and used as stated in this application.*

*I agree that if I/We receive funding from the Vermillion Area Community Foundation, I/We will allow them to use my name or my organization's name as well as photographs of the project in press releases and other media, and agree to have a sign/sticker/flag indicating the VACF's support.*

*I/We will also report the outcomes of our project to VACF within 6 months of receiving funds.*

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Authorized Signature	Date
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Please print authorized signature name and title

**Please fill out and return to:** Vermillion Area Community Foundation  
PO Box 342  
Vermillion, SD 57069

Or, scan all documents and send by email to: [vacfbboard@gmail.com](mailto:vacfbboard@gmail.com)