

# Warner Area Community Foundation Grant Application



## GRANT INFORMATION

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**Grant Funds Currently Available:** To Be Determined Annually

**Application Deadline:** March 1<sup>st</sup>

**Mail:** Completed Application along with any attachments to:

Bank North  
Attn: WACF  
PO Box 80  
Warner, SD 57479

## APPLICANT INFORMATION

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**Group/Organization Name:** \_\_\_\_\_

**Tax ID#:** \_\_\_\_\_

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

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

**Phone:** \_\_\_\_\_

**Approximate Annual Budget:** \$ \_\_\_\_\_

**Foundation Dollars Requested:** \$ \_\_\_\_\_

**Project Fundraising Goal:** \$ \_\_\_\_\_

**Purpose of Requested Funds:** *(Attach additional documents/data if needed.)* \_\_\_\_\_

**Project Timeline:** *(Attach a more detailed timeline if desired.)* \_\_\_\_\_

**Anticipated Project Start Date:** \_\_\_\_\_

**Anticipated Project End Date:** \_\_\_\_\_

**Describe your projects' anticipated benefit to the community or area:** *(Attach additional documents/data if needed.)* \_\_\_\_\_

**Would receipt of grant money alter other fundraising efforts? If so, how?** \_\_\_\_\_

**Is your organization a tax-exempt 501(c)3 entity?** Yes  No

## APPLICANT ACKNOWLEDGEMENT

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*I have read, understand and attest that all information in this grant application is true and complete to the best of my knowledge. If granted the requested funds, I will submit a final report following completion of the project.*

\_\_\_\_\_  
**Signature & Title**

\_\_\_\_\_  
**Date**