

# WESSINGTON SPRINGS AREA COMMUNITY FOUNDATION GRANT APPLICATION FORM

Please type or print in black ink and sign back page.

**Application deadlines is the 3<sup>rd</sup> Monday of April and October.**

Submit completed form to:

Wessington Springs Area Community Foundation

PO Box 157

Wessington Springs, SD 57382

For more information call: Kendra Brandenburg (605) 691-2170



## PART I:

Name of applicant (group or organization): \_\_\_\_\_

Address: \_\_\_\_\_  
Street / PO Box City State Zip

Contact person: \_\_\_\_\_  
Name Phone # Email

## PART II:

If your organization is a tax-exempt 501(c)3 entity, please provide the following information:

Tax ID# \_\_\_\_\_ Organization Name \_\_\_\_\_

- a. Cover letter from the Board or CEO authorizing the proposal and stating its priority among the organization's initiatives.
- b. The applicant organization's Articles of Incorporation and most recent bylaws.
- c. The applicant organization's letter from the Internal Revenue Service classifying the organization as a tax-exempt non-profit organization, and the IRS determination that the organization is not a private foundation.
- d. The names of the organization's trustees or directors.

If your organization is not a 501(c)3 entity, please provide the information for the pass through (or fiscally responsible entity) organization supporting your project.

EIN# \_\_\_\_\_ Organization Name \_\_\_\_\_

## PART III:

Provide a clear description of the project, the need for the project, and the anticipated community benefit.

1. Project Title: \_\_\_\_\_

2. Timeframe – duration of project: Immediate (6 month) \_\_\_\_\_ Short-term (1 year) \_\_\_\_\_

Mid-term (2-3 years) \_\_\_\_\_ Long-term (5 years) \_\_\_\_\_

3. Amount of funding being requested from WSACF \$ \_\_\_\_\_

4. Details of project (please feel free to include another page if needed): \_\_\_\_\_

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5. What is the community benefit? \_\_\_\_\_

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6. Budget Costs:

a. Materials	_____	\$	_____
b. Labor	_____	\$	_____
c. Equipment	_____	\$	_____
d. Marketing	_____	\$	_____
e. Maintenance	_____	\$	_____
f. Other	_____	\$	_____

**Budget Costs TOTAL**      \$ \_\_\_\_\_

7. Other Funding Sources:

a. Grants	_____	\$	_____
b. Donations	_____	\$	_____
c. Fund-raiser	_____	\$	_____
d. In-kind	_____	\$	_____
e. Other	_____	\$	_____

**Funding Source TOTAL**      \$ \_\_\_\_\_

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I acknowledge that all the information in this grant application is true and correct to the best of my knowledge.  
I also agree to comply with the Final Evaluation Report as contained in the Grant Guidelines.

\_\_\_\_\_  
Authorized Signature and Title

\_\_\_\_\_  
Date