CLARK AREA COMMUNITY FOUNDATION
LEAVING A LEGACY

# Our Mission, is committed to enrich the quality of life in the Clark Area.

# GRANTMAKING GUIDELINES

**The Clark Area Community Foundation (CACF) will strive to support a broad spectrum of projects intended to improve and enhance the Clark County Area. Determination of recommendation for approval will be based upon need, creativity in addressing community concerns, community volunteer support, and accountability. The CACF will use this as a guideline to determine the eligibility of your proposed project for funding.**

1. **QUALIFICATION: Purpose of the project should fulfill a community need and preferably involve tangible, measurable, items or projects.**

2. **VOLUNTEERISM: Projects which involve significant and continuous community volunteerism support will be favorably considered.**

3. **DISCRIMINATION: Applications offering services exclusively to one gender, age group, religion or race will be closely scrutinized for discriminatory practices. Funding will be based on the needs of the individual being served.**

4. **INNOVATION: The Clark Area Community Foundation goal is to funds a mix of ongoing, well-established projects as well as innovative projects designed to address existing community needs in innovative ways.**

5. **FUND DISTRIBUTION: Grant making decisions will be made by the Clark Area Community Foundation Board, which usually meets the first Wednesday of each Month. Funds will be distributed to Projects that meet the needs of Clark County area.**

6. **PARTNERSHIP: The Foundation should not be the sole funding source of any Project and make awards contingent on proof of other funding sources: however, funding percentage of total project is at the discretion of the Foundation. Grants may also be made in the form of a challenge, to be met dollar-for-dollar by other sources. The Foundation prefers to be the last funder. Grants expire one year from the date awarded; if that should happen, the Foundation welcomes the project to reapply.**

7. **PROJECT LONGEVITY: Some projects seeking funding may be ongoing, while others begin and end in the same calendar year. Projects for multi-year funding are encouraged, but there will be no promise of funds made available in future years.**

8. **CHALLENGE OR MATCHING GRANTS. The Clark Area Community Foundation encourages matching funds from all grant applicants. When the Board perceives the need for more local involvement and support of a given project; it may issue challenge grants in any proportion. Funding may be contingent upon acquisition of the required matching money. There may be times when the Clark Area Community Foundation perceives a need in the community is not being met. The Board then may issue a challenge grant or request a proposal to address that need.**

9. **GRANT REVIEW PROCESS. Grant applications will be considered and prioritized according to these guidelines at the Foundation's regularly scheduled board meetings. Those applications which do not fit the mission of the Foundation, or clearly do not qualify will be eliminated by board. We may consider application during the interim on emergency bases. Applicants may be asked to present their request to the Board.**

10. **COMMUNICATIONS WITH APPLICATIONS. All applicants will be informed in writing or personally, as to the approval or disapproval of their application.**

11. **Trips: The Foundation does not fund trips, camps, entertainment, membership expenses and/or ongoing operational costs of organizations.**

12. **Public/Private: The Foundation will concentrate on funding public non-profit organizations, but not to the exclusion of organizations that meet these grant guidelines.**

**Please mail the completed application, along with any supporting material to:**

**Clark Area Community Foundation**
**700 N Smith**
**Clark, South Dakota 57225**

**If the Board of CACF grants funds toward your project, you will be required to provide a follow-up summary on how these funds were used, or are being used to support your project. If you are granted funds, the CACF is given permission to use the name of your organization and the amount of the grant in any publicity that the Foundation sees fit.**

**If you have any questions about this form, please feel free to contact any board members:**

**Greg Furness**
**Diane Varilek**
**David Warkenthien**
**Chad Fjelland**
**Susan Fjelland**
**Nicole Nelson**
**Tom LaBrie**
**Gayle Wookey**

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# Application Form

**Applicant Information:** **Date of Application: _____**

**Name of Organization/Applicant: _____**

**Address: _____City/State: _____**

**Contact Person:_____Phone Number:_____**

**Is your organization 501(c)3 entity?_____If yes, provide non-profit #_____**
**(The Board can help you with this process)**

**What is the amount of grant monies requested from CACF? $_____**

**What is the total project cost? $_____**

**Start date: _____ Completion date: _____**

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

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**Project Description (Attach separate page if necessary):**
**The Need for the project and the number of people impacted.**

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**The need for the project and the number of people impacted.**

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**Names of any agencies or organizations collaborating with you on this project and summarize their role in the project:**

**Provide a narrative of project budget information, including details of any matching funds or grants. The narrative must also indicate how the Clark Area Community Foundation funds will be spent and over what period of time: Please include in this area,**
**1. if you have other money commitment's coming in for this project, and if so, who?**
**2. if you have sent out other grants applications and heard back**

**Name of responsible person(s) for this project**

**I Have read, understand, and attest that all the 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, and that this organization serves the Clark Area Community.**

_____ _____

**Signature and Title** **Date:**

**Mail To: Clark Area Community Foundation**
**700 N Smith**
**Clark, South Dakota 57225**

# NOTICE OF ACTION TAKEN
# GRANT APPLICATION

**Applicant Information:**

**Name of Organization/Applicant: _____**

**Address: _____City/State: _____**

**Contact Person:_____Phone Number:_____**

**PROJECT DATES:** **Start Date: _____**

**Anticipated Completion Date: _____**

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**The Board of Directors of the Clark Area Community Foundation has reviewed and taken the following action on the above-mentioned application.**

**FOUNDATION DOLLARS REQUESTED: $_____** **FOUNDATION DOLLARS GRANTED: $_____**

**_____** **_____**

**Board Signature** **Date**

**Upon approval of the above Project Grant Application, a follow-up summary must be submitted to the Foundation Board immediately following project completion where Foundation funds were used. Applicants shall inform the Board in writing of any significant changes in grant application status, organizational status or project implementation information.**

**+++Please fill out a Final Evaluation and Statement of Expenditures:**