

# Gail & Delores Miller Foundation

## GRANT APPLICATION

Please fill out and return to:

South Dakota Community Foundation

PO Box 296

Pierre, SD 57501

**\*Apps are due by April 15 & September 15**

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

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

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

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

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is your organization a non-profit 501(c)3? Yes  No  **Applicants must be a verified charitable entity.**

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: \_\_\_\_\_

What is the amount of grant funds requested from the Gail & Delores Miller Foundation?  
\$ \_\_\_\_\_

What is the TOTAL cost of the project? \$ \_\_\_\_\_

1.) Briefly describe your organization:

2.) Description of the project:

3.) Describe the community need and impact of the project:

4.) Describe how your organization will fund the project; include the total cost, and the percentage of the project you are seeking the Gail & Delores Miller Foundation to fund.

\*\*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:

5.) Give the timeframe for completion of the project:

*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 be used as stated in this application.*

*I agree that if I/We receive funding from the Gail & Delores Miller 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.*

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Authorized Signature / Title

Date

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Please print authorized signature name and title