



South Dakota Community Foundation Application

Notice that data fields with asterisks (*) are required information.

Date

* Contact Name:

Title (if applicable):

* Name of Organization:

* Street Address 1:

Street Address 2:

* City:

* State:

* Zip Code:

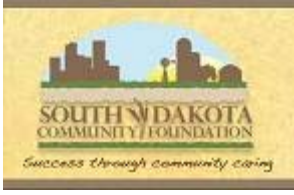
* Phone Number:

Contact Phone Number (if different):

* Email Address:

* Briefly describe your non-profit organization.

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Please include a clear description of the project, need for the project, community support for the project, and project continuation plans. The application shall explain how the project relates to the overall mission of the sponsoring organization.

* Beginning Date of Project:

* Ending Date of Project:

* Amount of Request (amount of money you are requesting from the SDCF): \$

* Total Project/Program Cost (total cost including funding from other sources): \$

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* Description of the Project:

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* Need for the Project:

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* Describe the Community Support for the Project:

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* Project Continuation Plans: describe the expected results and the probability of continued support. Please indicate whether such support is projected from grants, donations, contracts or fees:

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* Does this project involve affiliation or collaboration with other agencies or organizations?
If yes, list names of those agencies or organizations:

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If the project involves affiliation or collaboration attach any letters of agreement or support which may be appropriate:

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Please include detailed project budget information. The budget must indicate how the South Dakota Community Foundation funds will be spent and over what period of time.

* **Fiscal Period:** From _____ To _____

Project Costs:	TOTAL	YOUR FUNDS	SDCF FUNDS
* Administrative (Include salaries, benefits, other personnel expenses):	\$	\$	\$
* Operational (Supplies, equipment, daily expenses items):	\$	\$	\$
* Promotional (Fund raising, advertising, marketing expenses):	\$	\$	\$
* Other Costs:	\$	\$	\$
* TOTALS:	\$	\$	\$

* Have you submitted a proposal for these funds to any other granting source?

If yes, please indicate the amount: \$

If no, please explain:

Please attach a list of major donor commitments to this particular project:

If there are no major donor commitments, or your list will fit in the field below, please enter that information:



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* Please detail the procedures by which the project will be evaluated including the name of the individual who will be making the final evaluation. A final letter of evaluation shall be sent to the South Dakota Community Foundation as soon as the project is completed.

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Please include any pending circumstances which could affect the future operation of your organization such as audits, Board of Directors' support, staffing, by-laws and reporting requirements for charitable organizations. This section requires attachments.

* Have you had any pending or recent lawsuits challenging the propriety of your disbursements and/or the actions of your staff, volunteers or board members?

* Have you had any pending or recent publicity viewed as adverse or critical?

If yes, please explain.

* Do you have an annual CPA Audit?

If yes, Date of Last Audit:

If you do not have an annual audit, please explain.



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Below is a checklist of supplement information that **MUST** be included in order for us to process your application.

* Cover letter from Board Chair or CEO authorizing the proposal and stating its priority among the organization's initiatives.

* Names and Affiliations of your Executive Administrative Staff and Board of Directors.

* Names and qualifications of staff (existing or new) who will be responsible for this project.

The applicant organization's Articles of Incorporation and most recent By-laws.

If you do not have Articles of Incorporation or By-laws, please explain.

By clicking Submit I acknowledge that all the information in this grant application is true and correct to the best of my knowledge. I agree to comply with the Final Evaluation Report as required in Part IV. I also certify that the funds applied for will benefit charity or a non-profit purpose.