



South Dakota Fund Application

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

Date

* Name of Organization:

* Address:

* City:

* State:

* Zip Code:

* Employee Identification Number (EIN):

* Phone Number:

Fax:

Website:

Primary Contact

* Name:

* Title:

* Email Address:

Contact Phone Number (if different):

*Is your organization a 501(c)(3) nonprofit?

If no, is your organization a public agency/unit of government?

If no, provide fiscal sponsor's name, address and EIN.

Fiscal Sponsor:

Address:

City:

State:

Zip:

Fiscal Sponsor EIN:

Briefly describe your request for funding:

*Population Served:

Geographic Area Served:

Requesting funds for:

Specify Other:

*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):

*Total Annual Organizational Budget:

*** Describe your organization history, mission and goals.**

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*** Number of full-time paid staff, part-time paid staff, board members and volunteers.**

*** Describe your organization's current projects or programs and what the funding is being requested for.**

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* Describe the community support for the project and list organizations you partner and collaborate with.

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* Describe the project continuation plan. Describe the expected results and the probability of continued support.

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Budget

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

Please attach your organization's budget that contains this information and a narrative if necessary.

* 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: _____ and from whom?

If no, please explain:

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

*** 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 submitted to the South Dakota Community Foundation in eGrant 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.

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

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