FIRST INTERSTATE FALL RIVER AREA
FOUNDATION
FUND
GRANT APPLICATION

INSTRUCTIONS FOR COMPLETING GRANT APPLICATION FORM:

- Applicants are requested to submit a complete proposal of the grant application form.

COMPLETION OF THIS FORM WILL FACILITATE OUR REVIEW.

- Applicants are encouraged to call or write the Foundation with questions about any of the application requirements. SD Community Foundation 800-888-1842

PLEASE TYPE OR PRINT IN BLACK INK AND SIGN BACK PAGE.

PART I: IDENTIFYING INFORMATION

- **Are you a 501(c)(3) organization as defined by the IRS? (circle one)   YES   NO**
  - **If yes, please attach the IRS document stating your 501(c)(3) status.**
  - **If you are <u>not</u> a 501(c)(3) organization, please include the charitable purpose of the grant in your project request. Additional documentation may be required. *(See attached Charitable Purpose list)***

- Name of Organization and <u>Tax ID#</u>: _____

  _____

- Address: Street   City   State   Zip Code

  _____

- Contact Person/Title: Phone (   ) _____

  _____

- Email address: _____

- What is the amount of grant monies requested from the Foundation? $_____

- What is the total goal of your fund raising effort? $_____

- Briefly describe your nonprofit organization:

  _____

  _____

  _____

PART II: PROJECT DESCRIPTION

Part II shall include a clear description of the project, need for the project, community support, expected results, and the probability of continued success. The application shall explain how the project relates to the overall mission of the sponsoring organization. Please use the spaces provided on the application form whenever possible.

- Description of the project:

- Need for the project:

- Describe the community support for the project:

- The expected results of the project:

- Project Continuation Plans: If this project continues beyond the proposed grant period describe how this will take place indicating projected sources and amounts of continuing support. Please indicate whether such support is projected from grants, donations, contracts or fees.

- Does this project involve affiliation or collaboration with other agencies or organizations?

  Yes _____ No_____

  - If yes, list names of those agencies or organizations and attach any letters of agreement which may be appropriate.

I acknowledge that all the information in this grant application is true and correct to the best of my knowledge.

_____   _____
Authorized Signature and Title   Date