

## Doland Community Foundation Grant Application

### Applicant Information

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Date of Application: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is your organization a 501(c)3 entity? \_\_\_\_ If yes, provide your non-profit or Federal ID #: \_\_\_\_\_

If your organization is NOT a 501c3 nonprofit, will you use a fiscal sponsor? \_\_\_\_\_

If yes, please provide the fiscal sponsor's tax ID #, name and address.

If no, we will need you to complete a grant acceptance policy form and complete an evaluation form when your project is complete.

If your organization is run by a board of directors, please include a resolution giving authority to request grant funds on their behalf.

What is the purpose of your organization?

### Project Information

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Total Project Cost: \_\_\_\_\_ Grant Funds Requested from DCF: \_\_\_\_\_

Please attach a separate document that addresses the following questions:

1. Provide a clear description of the project.
2. What is the need for the project?
3. What is the anticipated community benefit? How many people will this impact?
4. What matching funds, if any, will you be contributing to the project?
5. What, if any, other fund raising efforts are you pursuing for this project?
6. What is your projected start date and anticipated completion date?

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 benefit Doland and the surrounding area and used as stated in this application.

I agree that if we receive funding from the Doland Community Foundation, I 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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Signature

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Date

Please mail completed application and any additional requested information to:

Doland Community Foundation

PO Box45

Doland, SD 57436