

WESSINGTON SPRINGS AREA COMMUNITY FOUNDATION GRANT APPLICATION FORM



Please type or print in black ink and sign back page.

Application deadlines is the 3rd Monday of April and October.

Submit completed form to:

Wessington Springs Area Community Foundation

PO Box 157

Wessington Springs, SD 57382

For more information call: Kendra Brandenburg (605) 691-2170

PART I:

Name of applicant: _____

Address: _____
Street City State Zip

Contact person: _____ Phone # _____

What is the total goal of your fundraising effort? _____

Over what period of time? _____

What is the amount of grant monies requested from WSACF? _____

What other sources of funding do you intend to apply for or utilize? _____

Briefly describe your organization: _____

PART II:

Is your organization a tax-exempt 501(c)(3) entity? _____ If yes, provide the following:

- a. Cover letter from the Board or CEO authorization the proposal and stating its priority among the organization's initiatives.
- b. The applicant organization's Articles of Incorporation and most recent bylaws.
- c. The applicant organization's letter from the Internal Revenue Service classifying the organization as a tax-exempt non-profit organization, and the IRS determination that the organization is not a private foundation.
- d. The names of the organization's trustees or directors.

PART III:

Please provide TAX ID# of organization: _____

PART IV:

Provide a clear description of the project, the need for the project, and the anticipated community benefit. Use additional sheets if necessary.

I acknowledge that all the information in this grant application is true and correct to the best of my knowledge. I also agree to comply with the Final Evaluation Report as contained in the Grant Guidelines.

Authorized Signature and Title

Date