

**FREEMAN COMMUNITY FOUNDATION
GRANT APPLICATION FORM**

Please type or print in black ink and sign application. Application deadlines are **May 1** and **November 1**. *Submit completed form to:*

Freeman Community Foundation
PO Box 412
Freeman, South Dakota 57029

Name of applicant/Organization: _____

Address: _____

Contact Person: _____ Phone #: _____

Briefly describe your organization:

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Taxpayer identification number: _____

Approximate Annual Organization Budget: _____

What is the total goal of you fundraiser effort? _____

Over what period of time? _____

What is the amount of grant requested from FCF? _____

Over what period of time? _____

What matching funds, if any, will you be contributing to this project? _____

What, if any, other fund raising efforts are you pursuing for this project? _____

Provide a clear description of the project, the need for the project and 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 Grantmaking Guidelines.

Authorized Signature and Title

Date