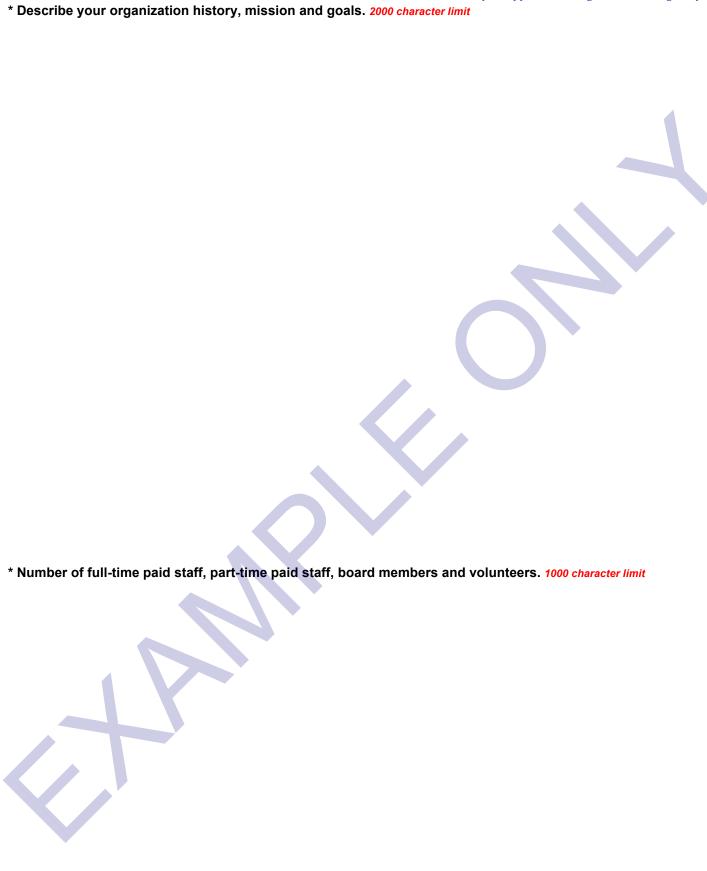


## **South Dakota Fund Application**

| Date                            |                        |                     |                        |
|---------------------------------|------------------------|---------------------|------------------------|
| * Name of Organization:         |                        |                     |                        |
| * Address:                      |                        |                     |                        |
| * City:                         | * State:               | * Zip Code:         |                        |
| * Employer Identification Nur   | mber (EIN):            | •                   |                        |
| * Phone Number:                 | Fax:                   | Website:            |                        |
| Primary Contact                 |                        |                     |                        |
| * Name:                         |                        |                     |                        |
| * Title:                        |                        |                     |                        |
| * Email Address:                |                        | Contact Phone I     | Number (if different): |
|                                 |                        |                     |                        |
| *Is your organization a 501(c   | )(3) nonprofit?        |                     |                        |
| If no, is your organization a p |                        | government?         |                        |
| If no, provide fiscal sponsor'  | s name, address and    | EIN.                |                        |
| Fiscal Sponsor:                 |                        |                     |                        |
| Address:                        |                        |                     |                        |
| City:                           | State:                 | Zip:                |                        |
| Fiscal Sponsor EIN:             |                        |                     |                        |
|                                 |                        |                     |                        |
| Briefly describe your reque     | st for funding: 500 c  | haracter limit      |                        |
|                                 |                        |                     |                        |
| *Population Served:             |                        |                     |                        |
| Geographic Area Served:         |                        |                     |                        |
| Requesting funds for:           |                        | Specify             | Other:                 |
| *Beginning Date of Project:     | *                      | Ending Date of Pro  | ject:                  |
| *Amount of Request (amou        | nt of money you are    | requesting from th  | e SDCF):               |
| *Total Project/Program Cos      | t (total cost includir | ng funding from oth | er sources):           |
| *Total Annual Organization      | al Budget:             |                     |                        |



\* Describe your organization's current projects or programs and what the funding is being requested for. 3500 character limit



\* Describe the community support for the project and list organizations you partner and collaborate with. 3500 character limit



\* Describe the project continuation plan. Describe the expected results and the probability of continued support. 3500 character limit



## **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 | proposa | I for these | funds to | any otl | her | granting | g 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. 3500 character limit



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. 255 character limit

\* Do you have an annual CPA Audit?

If yes, Date of Last Audit:

If you do not have an annual audit, please explain. 255 character limit

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. 255 character limit

If the project involves affiliation or collaboration attach at least three but up to five letters of agreement or support which may be appropriate.