

South Dakota Fund Application

Organization Information

Applicant

Name of Organization*

Tax ID # (EIN)*

Street Address 1*

Street Address 2

City*

State*

Zip Code *

Phone*

Website

Are you a/an:*

Total Annual Organizational Budget:*

Describe your organization history, mission and goals.*

2,000 Characters

Number of full-time paid staff:

Number of part-time paid staff:

Number of board members:

Number of volunteers:

Is your organization a 501(c)(3) nonprofit?*

Primary Contact

First Name*

Last Name*

Job Title*

Email Address*

Preferred Phone Number

Would you like us to share your application with other grant opportunities?

Select...

Proposal Information

Briefly describe your request for funding:*

500 Characters

Number of individuals served:

Geographic area served:

Select...

Requesting funds for (choose one):

- ☐ Administrative Support
- ☐ Operational Support
- ☐ Project/Program Support
- ☐ Promotional Support
- ☐ Other

Beginning Date of Project:*

Ending Date of Project:*

Amount of Request (amount of money you are requesting from the SDCF):*

Total Project/Program Cost (total cost including funding from other sources):*

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

3,500 Characters

Describe the community support for the project and list organizations you partner and collaborate with.*

3,500 Chracters

Describe the project continuation plan. Describe the expected results and the probability of continued support.*

3,500 Characters

If the project involves affiliation or collaboration attach at least three but up to five letters of agreement or support which may be appropriate:
Select the Choose File button and
choose the file from its location on your computer.

No file selected

No file selected

No file selected

No file selected

No file selected

Budget

Please fill out the project budget below. 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 overall budget that contains this information and a narrative if necessary.*

No file selected

***Project 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 proposal for these funds to any other granting source?

Select...

Please list major donor commitments to this project here, or upload a file below:

Source:

Amount:

Status:

Select...

Source:

Amount:

(Optional) List of major donor commitments:

No file selected

Evaluation

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 GOapply as soon as the project is completed.*

3,500 Characters

Additional Information

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?*

Select...

Have you had any pending or recent publicity viewed as adverse or critical?*

Select...

Do you have an annual CPA Audit?*

Select...

Below is a checklist of supplement information that **MUST** be included in order for us to process your application. Select the Choose File or Browse button and choose the file from its location on your computer.

Cover letter from Board Chair or CEO authorizing the proposal and stating its priority among the organization's initiatives.*

No file selected

Names and Affiliations of your Executive Administrative Staff and Board of Directors.*

No file selected

Names and qualifications of staff (existing or new) who will be responsible for this project.*

No file selected

The applicant organization's Articles of Incorporation and most recent By-laws.*

No file selected

If By-laws are a separate document, please attach here.

No file selected

If you do not have Articles of Incorporation or By-laws, please explain.