



GRANT APPLICATION SUMMARY

P.O. Box 249, Mitchell, SD 57301

info@SamFWellerFamilyFoundation.org

Organization _____ EIN # _____

Annual Operating Budget: _____ Website _____

Address _____

Contact Name _____ Contact Phone #s _____

Contact Email Address _____ Date Submitted _____

Agency Objective/Purpose of Organization: _____

Target Population served: (age, gender, special interest, geographic area, etc.) _____

Describe the project: _____

How these funds would be used: _____

What the project will accomplish: _____

Anticipated project period: _____

How this project will be financed in the future: _____

How the success of this project will be evaluated: _____

Amount and Source of Pledges/Commitments to Date: \$ _____

Other Funding Sources and Amounts Sought for this Project:

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

Amount Requested from Sam F. Weller Family Foundation: \$ _____

TOTAL PROJECT COST: \$ _____

Grant Applicant/Title