

FIRST INTERSTATE FALL RIVER AREA FOUNDATION FUND GRANT APPLICATION

INSTRUCTIONS FOR COMPLETING GRANT APPLICATION FORM:

- Applicants are requested to submit a complete proposal of the grant application form.

COMPLETION OF THIS FORM WILL FACILITATE OUR REVIEW.

- Applicants are encouraged to call or write the Foundation with questions about any of the application requirements.

PLEASE TYPE OR PRINT IN BLACK INK AND SIGN BACK PAGE.

PART I: IDENTIFYING INFORMATION

- Name of Organization and Tax ID#: _____

- Address: Street City State Zip Code

- Contact Person/Title: Phone () _____

- What is the amount of grant monies requested from the Foundation? \$ _____
- What is the total goal of your fund raising effort? \$ _____
- Briefly describe your nonprofit organization:

PART II: PROJECT DESCRIPTION

Part II shall include a clear description of the project, need for the project, community support, expected results, and the probability of continued success. The application shall explain how the project relates to the overall mission of the sponsoring organization. Please use the spaces provided on the application form whenever possible.

- Description of the project:

- Need for the project:

- Describe the community support for the project:

- The expected results of the project:

- Project Continuation Plans: If this project continues beyond the proposed grant period describe how this will take place indicating projected sources and amounts of continuing support. Please indicate whether such support is projected from grants, donations, contracts or fees.

- Does this project involve affiliation or collaboration with other agencies or organizations?
- Yes _____ No _____
- If yes, list names of those agencies or organizations and attach any letters of agreement which may be appropriate.

I acknowledge that all the information in this grant application is true and correct to the best of my knowledge.

Authorized Signature and Title

Date

**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:

.

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

GRANT Application

Organization Information:

Name: _____

Address: _____

City, State, ZIP _____

Eligibility:

☐ Civic Organization

☐ Nonprofit

Amount of Funds Requested: \$ _____

Purpose of Requested Funds: (use additional pages if necessary)

List your organizations qualifications: Please review listing in the Langford Community Foundation Grantmaking Guidelines: (use additional sheets if necessary):

I have read, understand, and attest that the above information is true and complete to the best of my knowledge. I understand that a written follow-up report is required and I will submit such a report upon completion of this project.

Signature and Title

Date

**First Interstate Bank
Lead-Deadwood Community Fund
Application Form**

Name _____

Email _____

Organization _____

Tax ID number _____

How many people will benefit from this grant? _____

Proposal cost _____

Briefly describe the project.

Describe how this proposal relates to community enhancement.

Provide an itemized list of costs.

Signature of Applicant

Date

Signature of Board Chair

Date



GRANT APPLICATION

Quarterly Application Package

Please complete all sections of the application
to ensure accuracy and intent.

Dear Applicant,

The Miller Area Foundation was formed in 1994 through a generous initial contribution of \$125,000 by Jim and Nini Hart. Grants are offered on a quarterly basis to bring the funding source and project timelines closer together. The award periods made are in March, June, September, and December. Generally, applicants must be classified as non-profit, non-government organizations. An organization is eligible only once during a calendar year.

The funds offered by the Miller Area Foundation represent the earnings from a larger investment held in trust by the S.D. Community Foundation. The larger our investments, the more the Miller Area Community Foundation can give back to the community for projects.

Each grant recipient is expected to provide the foundation with a report of how the funds made their program or project a success. This expectation allows the foundation board the opportunity to determine if the foundation's mission is being met or if changes need to be made in the award process.

Please read the following application carefully and complete all sections.

Thank you for applying,

Miller Area Foundation Board Members

*Dawn Joy, Sandy Werdel, Dan Coss, Rob Mullaney, Nini Hart,
Clayton Werdel, Terry Augspurger, Betty Jo Welch & Tiffany A. Hofer*

The mission of the Miller Area Foundation is to receive and administer charitable gifts creating a permanent endowment to assist a wide range of programs to qualified non-profit organizations, institutions or agencies to promote the social and economical well-being of the people of Miller and the surrounding communities.



Please complete all sections of the application
to ensure accuracy and intent.

SECTION 2:

GENERAL INFORMATION:

Date of Application: _____ EIN # (if applicable): _____

Name of Organization: _____

Mailing Address: _____

Physical Address: _____

Phone #: _____ Fax #: _____

Website: _____

Contact Name: _____

Contact Phone #: _____ Email address: _____

Organizations Mission: _____

PROJECT INFORMATION:

Project Summary: _____

Amount Requested: _____

Total Project Amount: _____



Please complete all sections of the application
to ensure accuracy and intent.

Section 3:

(Fill out if your organization received a grant in the past from Miller Area Foundation)

Applicant Organization: _____

Grant Year: _____ **Grant Award Amount:** _____

Number of people served by grant funds: _____

Project Begin Date: _____ **Project End Date:** _____

Funding partners or volunteers: _____

Summary of project:

Do you have any suggestions for the Miller Area Community Foundation to consider?



Please complete all sections of the application
to ensure accuracy and intent.

GRANT ACCEPTANCE POLICY: All grants made are subject to the terms herein.

Grant Applicant (organization or group): _____

1. **Public Recognition:** The Foundation appreciates the grantee's efforts to publicize the grant and the fund within the Miller Area Foundation that awarded the grant.
2. **Expenditure of Grant Funds:** The funds awarded may be spent only in accordance with the goals and objectives stated and budgeted in the Grant Application you submitted, as approved by the Foundation. The funded project and its budget may not be changed expect with prior written approval of the Foundation.
 - a. Expenses may not be charged against the grant before or after the date of the grant period without prior written approval of the Foundation.
 - b. Equipment or property purchased with grant funds shall be the property of the grantee organization unless the organization should go out of existence. In that case, the ownership of the equipment or property reverts to the Foundation unless ownership is transferred to another nonprofit organization.
3. **Disbursements to Grantee:**
 - a. Grant funds will be disbursed to the grantee upon receipt of signed contract.
 - b. The grantee is responsible for grant funds received and for maintaining adequate supporting records. Separate accounting records must be maintained for these grant funds.
4. **Reversion of Grant Funds:** The grantee will return to the Foundation any funds not spent by the close of the grant period.
5. **Review of Grant Activity:** The grantee will furnish the Foundation with a closing grant evaluation and statement of expenditures.
 - a. Also, the Foundation would appreciate photos and copies of articles published about the grant activity.
6. **Limit of Commitment:** Unless otherwise stipulated in this contract, the Foundation has no obligation to provide other or additional support to the grantee.

Grant Applicant (person responsible): _____

Signature: _____

Date: _____

**MONTROSE AREA FOUNDATION
GRANT APPLICATION**

Grant Funds Currently Available: To Be Determined Annually

Application Deadline: May 28th

Mail completed application along with any attachments to:

Montrose Area Foundation / 45110 250th Street / Montrose, SD 57048

Applicant Information

Group/Organization: _____

Contact Name: _____

Address: _____

Phone: _____

Approximate Annual Budget: \$ _____

Foundation Dollars Requested: \$ _____

Project Fundraising Goal: \$ _____

Purpose of Requested Funds: _____

(Applicant may attach additional documents/data if needed.)

Anticipated Project Start Date: _____ / Anticipated Project End Date: _____

(Applicant may attach more detailed timeline if desired.)

Describe your project's anticipated benefit to the community or area: _____

(Applicant may attach additional documents/data if needed.)

Would receipt of grant money alter other fundraising efforts? If so, how?

Is your organization a tax-exempt 501(c)3 entity? Yes / No

I have read, understand and attest that all information in this grant application is true and complete to the best of my knowledge. If granted the requested funds, I will submit a final report following completion of the project.

Signature & Title

Date

Tyndall Community Foundation
Box 454
Tyndall, South Dakota 57066

Grant Application Form

Deadline: _____

Applicant's Official Name _____

Is your organization a tax-exempt 501(c)3 entity? Yes _____ No _____

If yes, please provide your EIN or Tax ID # _____

Contact Person: Name _____

Address _____

City/State _____

Home Phone _____

Work Phone _____

Email _____

Website _____

Foundation dollars requested : \$ _____

Date of Request: _____

Provide a clear description of the project, the need for the project, and anticipated community benefits. Include a brief outline of expenses, and source of current funds. Attach separately.

Project Start Date _____

Anticipated Completion Date _____

I have read, understand and attest that all information herein is true and complete to the best of my knowledge. I understand that a written follow-up is required, and I will submit a report following the completion of this project.

Signature/Title _____ Date _____

Please mail to: Tyndall Community Foundation
Box 45
Tyndall, South Dakota, 57066

Grant-making Guidelines

Tyndall Community Foundation

Qualification:

- 1) Purpose of the project should fulfill a community need. (for example: is your project going to benefit the community in general)
- 2) IRS now requires a non-profit organization be verified by the IRS. Proof of non-profit status may be required upon request. Governmental entities (cities, counties, schools) and churches are exempt from the verification requirements and do qualify to receive grant funding.

Discrimination:

Applications from agencies offering services exclusively to one gender, age, group or race will be closely scrutinized for discriminatory practices.

Fund Distribution:

- 1) Grant applications must be completed in full .
- 2) Grants will be reviewed and awarded at the discretion of the Tyndall Community Foundation Board.
- 3) All applicants will be informed verbally and /or in writing to the approval or disapproval of their application.
- 4) Funds must be used within 12 months from awarding or funds will revert back to the community funds account.

Limitations:

Tyndall Community Foundation will grant no more than a maximum of 4.5% of Fund's Value in any single year.

Recipients may be eligible for one grant every other year, unless surplus money is available.

GRANT ACCEPTANCE POLICY: Must be completed for all grants requiring **expenditure responsibility** by grant recipient.

Any grant made will be subject to the terms herein.

Grant Applicant (Organization or Group): _____

1. **Public Recognition:** The Foundation appreciates the grantee's efforts to publicize the grant and the fund within the South Dakota Community Foundation that awarded the grant.
2. **Expenditure of Grant Funds:** The funds awarded may be spent only in accordance with the goals and objectives stated and budgeted in the Grant Application you submitted, as approved by the Foundation. The funded project and its budget may not be changed except with prior written approval of the Foundation.
 - a. Expenses may not be charged against the grant before or after the date of the grant period without prior written approval of the Foundation.
 - b. Equipment or property purchased with grant funds shall be the property of the grantee organization unless the organization should go out of existence. In that case, the ownership of the equipment or property reverts to the Foundation unless ownership is transferred to another nonprofit organization.
3. **Disbursements to Grantees:**
 - a. Grant funds will be disbursed to the grantee upon receipt of signed contract.
 - b. The grantee is responsible for grant funds received and for maintaining adequate supporting records. Separate accounting records must be maintained for these grant funds.
4. **Reversion of Grant Funds:** The grantee will return to the Foundation any funds not spent by the close of the grant period, except in the case of prior written approval of the Foundation for an extension of the grant period for substantive causes.
5. **Review of Grant Activity:** The grantee will furnish the Foundation with a closing grant evaluation and statement of expenditures.

Also, the Foundation would appreciate photos and copies of articles published about the grant activity.
6. **Limit of Commitment:** Unless otherwise stipulated in this contract, the Foundation has no obligation to provide other or additional support to the grantee.
7. **Evaluation & Reporting:** A final evaluation and statement of expenditures must be submitted to the SDCF **within 60 DAYS** after the completion date of the grant. Failure to do so will result in a two (2) year suspension from grant eligibility.

SIGNATURE

Grant Applicant (Person Responsible):

Signature

Date



VERMILLION AREA COMMUNITY FOUNDATION

Looking Forward. Giving Back.

GRANT APPLICATION

Please fill out and return to:

PO Box 342

Vermillion, SD 57069

***Apps are due by March 15 & Sept 15**

Please type or print in black ink and sign.

Name of organization/Applicant: _____

Address: _____

Contact Person/Title: _____

Contact Phone: _____ email: _____

Is your organization a non-profit 501(c)3? Yes ____ No ____

If NO: Individual ____ LLC ____ Other-explain _____

What is your non-profit or Federal ID #? _____

Is your organization run by a Board of Directors? Yes ____ No ____

If YES, please provide a copy of the Board resolution giving you the authority to request funding on their behalf. Check if received: _____ Date: _____

What is the amount of grant funds requested from the Vermillion Area Community Foundation?

What is the TOTAL cost of the project? _____

1.) Briefly describe your organization:

2.) Description of the project:

3.) Describe the community need and impact of the project:

4.) Describe how your organization will fund the project; include the total cost, and the percentage of the project you are seeking the VACF to fund.

**Does this project involve affiliation or collaboration with other agencies or organizations?

Yes ____ No _____. If YES, list the names of those agencies or organizations and attach any letters of agreement or support which may be appropriate:

5.) Give the timeframe for completion of the project:

I acknowledge that all the information in this grant application is true and correct to the best of my knowledge. I also certify that the funds applied for will benefit Vermillion and the surrounding areas and used as stated in this application.

I agree that if I/We receive funding from the Vermillion Area Community Foundation, I/We will allow them to use my name or my organization's name as well as photographs of the project in press releases and other media, and agree to have a sign/sticker/flag indicating the VACF's support.

Authorized Signature / Title

Date

Please print authorized signature name and title

WESSINGTON SPRINGS AREA COMMUNITY FOUNDATION GRANT APPLICATION FORM

Please type or print in black ink and sign back page. Application deadline is April 24, 2015

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 amount of grant monies requested from WSACF? _____

Over what period of time? _____

What is the total goal of your fund raising effort? _____

Over what period of time? _____

Briefly describe your organization: _____

PART II:

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

- Cover letter from the Board or CEO authorizing the proposal and stating its priority among the organization's initiatives.
- The applicant organization's Articles of Incorporation and most recent bylaws.
- 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.
- 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