

## WESSINGTON SPRINGS AREA COMMUNITY FOUNDATION GRANT APPLICATION FORM

Please type or print in black ink and sign back page.

**Application deadlines is the 3<sup>rd</sup> Monday of April and October.**

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 total goal of your fundraising effort? \_\_\_\_\_

Over what period of time? \_\_\_\_\_

What is the amount of grant monies requested from WSACF? \_\_\_\_\_

\_\_\_\_\_

What other sources of funding do you intend to apply for or utilize? \_\_\_\_\_

\_\_\_\_\_

Briefly describe your organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PART II:**

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

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

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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.

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Authorized Signature and Title

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Date