



ORGANIZATION

Name

Organization's Founding Date

Address

Executive Director, CEO *(if any)*

Telephone

Board Chairperson *(if any)*

Grant Application Contact Person

Total Annual Operating Budget

Contact Person's Email Address

EIN/Tax ID #

Mission/Purpose of Organization:

Major Sources Of Operating Funds *(by %)*:

[Empty text box for Mission/Purpose of Organization]

[Empty text box for Major Sources Of Operating Funds]

AFFILIATIONS

Organization is affiliated with a national or other organization and uses their EIN/Tax ID#:

Yes No *(Example: Local Chapter Of March Of Dimes)*

Name of National or Other Organization *(if applicable)*: _____

PROJECT

Purpose: Cultural Educational Human Services Health Environment Other

Briefly describe the project and list two benefits your program would have as a result of this grant:

[Empty text box for project description]

Specifically, how would the Watertown Area Community Foundation funds be used?

[Empty text box for fund usage]

Describe the number and type of persons who will be served by this grant:

[Empty text box for number and type of persons]

PROJECT (cont.)

Projected lifetime of item to be purchased (if applicable): _____

Date by which you need a response: _____ Anticipated project period: _____

If ongoing, how will it be financed in the future? _____

To what extent are you duplicating other services provided? _____

To what extent are you complementing other services provided? _____

Have you submitted a proposal for funding to any other granting sources? ___ Yes ___ No

If yes, list amounts and sources (include total below¹): _____

If no, please explain: _____

Have you currently secured funding in terms of pledges or commitments? ___ Yes ___ No

If yes, list amounts and sources (include total below²): _____

TOTAL PROJECT COST: \$ _____

Total amount of additional funding sought from other granting sources¹: \$ _____

Total amount of additional funding secured through pledges and commitments²: \$ _____

TOTAL amount requested from the Watertown Area Community Foundation: \$ _____

CERTIFICATION

By signing this document, I, _____ attest that, to the best of my knowledge, the information is true and accurate.

Signature

Date

SUPPLEMENTAL INFORMATION

Below is a checklist of supplemental information that **MUST** be included in order for your grant request to be reviewed:

- Are you a 501 © (3) organization? ___ Yes ___ No
- If you are a 501 © (3) organization, please provide a copy of 501©(3) Determination Letter from IRS
If you are a church, school or government entity, and are not required to have a 501©(3) Determination Letter, please provide other proof that you are tax-exempt and are an active organization (Example: recent church bulletin)
- List of Board Members, Advisory Board/Committee or Other Governing Body (may be provided via attached literature)
- % of current Board Members that make an annual financial contribution to your organization
- A copy of your most recent Form 990 tax return
- Other supporting documents (one-page narrative which includes description, budget, and current sources of funding)
- A budget for your organization and/or the grant application project.



WATERTOWN AREA
COMMUNITY FOUNDATION

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