**Deuel County Community Foundation Grant Application**

*Please type or print. Complete all items on this form. Items needed for a complete application packet include:* ***DCCF Grant application form, proof of 501(c)3 status, and narrative.*** *Submit completed packet to Deuel County Community Foundation, P.O. Box 913, Clear Lake, SD 57226, or give to any board member listed on the website. Questions may be emailed to* *becky1@itctel.com* *or directed to any board member.*

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| --- | --- | --- |
| Project Name  |  | **Include proof of 501(c)3 of non-profit status with this application. Applications cannot be considered for awarding unless this accompanies the grant request.** Name of charitable organization |
| Purpose of Grant Request (one Sentence)   |  | Street Address  |
| Amount of Request: Total Project Cost: |  |  City State Zip Code |
|  |  |  |
| Project Contact Person |  | Organization Director  |
| Title |  | Title  |
| Phone Number email  |  | Phone Number email  |
|  |  |  |
| Project proposed start and end dates (if applicable) |  | To the best of my knowledge and belief, statements in this application are true and correct; the governing body has duly authorized this application. |
| Geographic area served |  | I understand that the DCCF, in evaluating this grant application, may share all information with advisors of the Foundation’s choosing. |
| Estimated number of people served |  | Authorized Project RepresentativeName (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List any previous grants from the Deuel County Community Foundation within the past 4 years including project name, year funded and dollar amount received.  |  | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PROJECT NARRATIVE**

Outline a description and purpose of your project, and the way in which it will be carried out. This description

should include a timeline, anticipated outcomes, description of applicant organization, project team

members, how you will evaluate the success of your project, and a projected budget including both income &expense. If possible, include an invoice of projected expenses, if applicable. **Please limit this narrative to one page or less.**

**Approved/Denied \_\_\_\_\_\_\_ Dollar Amt. \_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**