



**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 %):

**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:

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

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

## 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 below<sup>1</sup>): \_\_\_\_\_

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 below<sup>2</sup>): \_\_\_\_\_

**TOTAL PROJECT COST:** \$ \_\_\_\_\_

Total amount of additional funding sought from other granting sources<sup>1</sup>: \$ \_\_\_\_\_

Total amount of additional funding secured through pledges and commitments<sup>2</sup>: \$ \_\_\_\_\_

**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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