

Centerville Area Foundation Grant Application Form



Submitting Organization _____

Tax ID # _____

Thank you for applying to the Centerville Area Foundation for funding to support your local Centerville organization. Your application will be reviewed by the Centerville Area Foundation Board.

If your organization is an IRS verified organization and has a tax ID number, your organization will be able to receive a direct Centerville Area Foundation grant distribution. If your organization is not an IRS verified organization, it can still be eligible for a Centerville Area Foundation grant but will require additional documentation upon approval.

The funding for the local Area Foundation is made possible because dedicated donors have contributed to the Centerville Area Foundation, similar to a "community savings account." Our gifts are held in perpetuity by the South Dakota Community Foundation, providing us with the quarterly interest. The majority of the annual interest earned is used to fund projects that will make a difference, requested by community organizations.

Funding is not made available to business or churches unless the Board has made special consideration of these projects. Each project will be allowed one grant within each calendar year, or if additional grants are needed, by special consideration of the Board.

Upon completion of the Grant Application, email the form to susandovergaard@gmail.com. Applications may also be sent by US Mail to Centerville Area Foundation, PO Box 339, Centerville, SD 57014.

Requesting Organization

Name of Organization

Date

Contact Person (Last, first, middle initial)

Title

Street address, City, ST, ZIP Code

Email Address

Phone Number

Application for Grant

Amount of funds requesting from the Centerville Area Foundation \$ _____

Amount of Matching Funds Available \$ _____

Total Cost of the Project \$ _____

Project Start Date

Project End Date

What is the mission statement of your non-profit organization?

Project Description

Project Description:

How is this project going to positively impact Centerville: Include community support.

Number of people impacted:

After this project is completed, who is going to maintain the continued maintenance/financial support?

List name of agencies or organizations that are working with you on this project and explain their role in the project and their impact to Centerville.

Project Budget

Funds Requested from Centerville Area Foundation	\$
Grant Funds from other Agencies for this Project	\$
Funds from your Organization	\$
Other Sources of Funding	\$
Total Project Cost	\$

Provide a narrative of project budget information, including details of any matching funds or grants. The narrative must also include how the Centerville Area Foundation funds will be spent.

I acknowledge that all 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 charity or a non-profit purpose for the City of Centerville, SD.

Authorized Signature

Date

Print Name

Title

Centerville Area Foundation Board

Susan Overgaard
Jackie Krebs
Jim Adamson

Shawn Johnson
Jamie Edberg

Jared Hybertson
Sandy Schryer

Mary Ferwerda
Troy Knudson