

Grant Application

ALM Community Foundation

Applications are accepted twice a year on February 15 and August 15, or the first business day following these dates if they fall on a weekend or holiday. Applications are usually reviewed by the ALM Community Foundation board members within one month following each deadline. The ALM Community Foundation president will contact grant applicants with the review results.

One original and eight copies of each grant application should be mailed or delivered to one of the following locations on or prior to the deadline date:

CorTrust Bank
P.O. Box 188
Artesian SD 57314

CorTrust Bank
P.O. Box 188
Letcher SD 57359

CorTrust Bank
P.O. Box 5
Mt. Vernon SD 57363

The ALM Community Foundation is for the benefit of the Artesian, Letcher and Mt. Vernon communities.

Grant Application
Artesian, Letcher, Mt. Vernon (ALM) Community Foundation

Applicants are requested to submit one original and eight copies of their grant application form, including attachments, to one of the locations indicated on the cover page of this application.

Please type, hand print neatly, or use exact format word processing for your application.

Part I : Identifying Information

Name of Organization: _____

Organization's Mailing Address, City, State, Zip Telephone

Contact Person: _____

Contact Person's Address, City, State, Zip Telephone

What amount of grant monies are being requested? _____

Give a brief description of what these grant monies would be used for:

Briefly describe your organization:

Indicate the primary purpose of your project:

_____ Economic Development _____ Human Services _____ Education

_____ Cultural _____ Environmental Enhancement

Part II : The Project

Describe in detail the project for which you are requesting grant monies, and the expected results of the project. Please include specific and detailed estimates and descriptions, pictures (if applicable), and as much information as you can.

Describe the community support for your project:

Grant monies received normally need to be used within one year of the reward. If your project continues beyond one year describe how you plan to continue support for your project (grants, donations, fees, etc.):

Does this project involve affiliation or collaboration with other agencies or organizations? Yes No

If yes, what other agency or organizations are involved?

If you do not receive any ALM Community Foundation funds or only a portion of what you're asking for, will you still go forward with your project? Yes No

Explain: _____

Part III : Budget

Please include detailed project budget information. The budget must indicate how the ALM Community Foundation funds will be spent and over what period of time.

Fiscal period during which funds will be spent:

_____ to _____
 Month Year Month Year

Project Costs:	Total	Your Match	ALM Funds
Administrative (salaries, benefits, personnel exp.)	_____	_____	_____
Operational (supplies, equipment, daily expense items)	_____	_____	_____
Promotional (fund raising, advertising, marketing expense)	_____	_____	_____
Other Costs (Please explain)	_____	_____	_____
Totals:	_____	_____	_____

Have you submitted a proposal for these funds to any other granting source?

_____ Yes _____ No If yes, please describe the granting source and the amount received or anticipated to be received:

List major donors or pledges to this particular project:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

List the Board of Directors of your organization and/or major volunteers of this project:

_____	_____
_____	_____
_____	_____
_____	_____

The ALM Community Foundation board members may request that this project be evaluated during and after the grant period. Please indicate the name(s) of the individual(s) who would be responsible for making the evaluation:

_____	_____
_____	_____

Part IV : Additional Information and Authorization

Part IV shall include any pending circumstances which could affect the future operation of your organization.

Have you had any pending or recent :

Lawsuits challenging the propriety of your disbursements and/or the actions of your staff, volunteers or board members? Yes No

Publicity views as adverse or critical? Yes No

If yes to either of these, please attach a summary of the circumstances.

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 a Final Evaluation Report, if requested by the ALM Community Foundation board members.

Authorized Signature

Print Name

Date