

Vermillion Area Community Foundation Grant Application

# GRANT APPLICATION

FOR

**The Vermillion Area Community Foundation**

**906 E. Cherry Street**

**Vermillion, SD 57069**

PLEASE TYPE OR PRINT IN BLACK INK AND SIGN

Name of Organization / Applicant

\_\_\_\_\_

Address: Street

City

State

Zip

\_\_\_\_\_

Contact Person/Title:

Phone (    )

\_\_\_\_\_

E Mail

\_\_\_\_\_

Is your organization a Non-Profit 501(c)3?  Yes  No

**If No:**  Individual  LLC  Other -Explain

\_\_\_\_\_

What is your Non-profit or Federal ID # \_\_\_\_\_

What is the amount of grant funds requested from VACF? \$ \_\_\_\_\_

What is the **Total Cost of Project**? \$ \_\_\_\_\_

**1.) Briefly describe your organization:**

**2.) Description of the Project:**

**3.) Describe the community need and support for the project:**

**4.) Describe how your organization will fund this project; include total cost of project, percentage and dollar amount of organization's contribution.**

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

If yes, list names of those agencies or organizations and attach any letters of agreement or support which may be appropriate:

**5.) Give the timeframe for project completion:**

**I acknowledge that all the 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 the betterment of the Vermillion area and used as stated in this application.**

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**Authorized Signature & Title**

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**Date**

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**Please Print: authorized signature name & Title**