
Vermillion Area Community Foundation Grant Application

GRANT APPLICATION

FOR
The Vermillion Area Community Foundation
116 Market Street - Suite 103
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.

Authorized Signature & Title

Date

Please Print: authorized signature name & Title