Southern Door Community Foundation

Grant Application

All requests for funding must be signed by the individual or representative of an agency or department making the request and should be accompanied by two bids if the funding involves a purchase or repair.

Name of Agency / Department: _____

Contact: _____ Phone: _____

Email: _____

Amount Requested: $_____ Dated Funds Needed: _____

Agency / Department Purpose (Mission): _____

_____

_____

_____

_____

Purpose for which funds are requested: _____

_____

_____

_____

Describe the need, specifically, how the Agency / Department's services or general operations will be affected by this grant: _____

_____

_____

_____

_____

Was this budgeted, if not why? If yes, was it turned down and why? _____

_____

_____

_____

_____

Please explain other support and secured funding for your project, both cash and in-kind (volunteers, donated items, etc.) as well as any fund raisers or grants written for this project.

_____

_____

_____

Project Budget:

Revenue:	
Individual Contributions	
Government Grants and Contributions	
Fundraising Events, Foundations and Charitable Contributions	
Other Income	
Total Income	0

Expenses:	
Planning and Consultants	
Repairs and Maintenance	
Equipment	
Supplies	
Administrative Expense	
Total Expenses	0

Narrative Explanation:

(Please provide any additional explanation or information you wish to have considered.)

_____

_____

_____

_____

_____

_____

Dated: _____ By: _____

Please do not staple grant application. Mail to SDCF, 9131 Morris Lane, Brussels, WI 54204. **An invoice shall be submitted to SDCF within one year of grant approval, or the grant shall expire. Matching grants are to be paid up to the amount of funds raised, not to exceed out of pocket cost.**