

# 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): \_\_\_\_\_

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Purpose for which funds are requested: \_\_\_\_\_

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

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

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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.

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**Project Budget:**

<b>Revenue:</b>	
Individual Contributions	
Government Grants and Contributions	
Fundraising Events, Foundations and Charitable Contributions	
Other Income	
<b>Total Income</b>	

<b>Expenses:</b>	
Planning and Consultants	
Repairs and Maintenance	
Equipment	
Supplies	
Administrative Expense	
<b>Total Expenses</b>	

Narrative Explanation:

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

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Dated: \_\_\_\_\_ By: \_\_\_\_\_

Please do not staple grant application. Mail to SDCF, 1610 Orchard View 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.**