

Eureka Area Community Foundation Grant Request Application

Organization/Person name and address

Tax Identification Number: _____ IRS 501-c-3 designation Yes ____ No ____

Contact Person _____ Phone _____

Amount of Funds Requested: \$ _____

Purpose of Requested Funds (Please feel free to answer with additional sheets if needed and include specific details as to how the grant funds will be used)

I have read, understand and attest that all information herein is true and complete to the best of my knowledge. I understand that a written follow-up is required, and I will submit a report following the completion of this project.

SIGNATURE _____ DATE _____

Deadline for returning applications is Friday, April 21, 2017. Return completed application to:

Eureka Area Community Foundation
% Susan Lutz
32260 102nd St.
Eureka, SD 57437

If the Board of Directors approves grant funds toward your project and/or entity – you will be required to provide a follow-up summary on how these funds have been or are being used with your project.