

**Grant Application: Deadline August 15, 2009**

**South Dakota Non Profit Enhancement Project  
Grant Application**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Type of Capacity Building Activity:

<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Financial Management/Compliance
<input type="checkbox"/> Board Development	<input type="checkbox"/> Fundraising/Resource Development
<input type="checkbox"/> Marketing	<input type="checkbox"/> Other

Dates of Activity \_\_\_\_\_

Grant Amount Requested \$ \_\_\_\_\_ (not to exceed \$12,500)

Organization contribution to training/project (match): \$ \_\_\_\_\_

Are you applying or have you applied for capacity building with another source in SD? Yes \_\_\_ No \_\_\_

If yes, who? \_\_\_\_\_

Provide a brief description of the proposed training/project:

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Describe the expected outcomes of the training/project:

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How will the training/project impact the organization:

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- \*\*Attachments Required:**
1. Most recent financials for organization
  2. IRS Determination Letter

Please return application and attachments to:

**South Dakota Community Foundation  
Nonprofit Enhancement Grant Project  
PO Box 296  
Pierre, SD 57501  
605-224-1025**