

Mary Chilton DAR Foundation Dorothy Day Davenport Grant Application

(For Foundation Use Only)	Mailing Address:
Date Received:	Mary Chilton DAR Foundation
Application #:	P. O. Box 90716
Disposition:	Sioux Falls, SD 57109-0716
	<i>Please refer to the grant application instructions before proceeding..</i>

GENERAL INFORMATION

1. Applicant

Organization:

Address:

Documentation of IRS Certification:

2. Name and Title To Whom Correspondence should be Addressed

Name:

Title: Telephone:

E-mail:

3. Title Of Project

4. How is the project related to the Mary Chilton Chapter NSDAR priorities of Historic Preservation, Education, and Patriotism to make Sioux Falls a "better and happier place in which to live"?

5. What is the intent of the Project? (Do not exceed space provided.)

Who will benefit?

[Redacted area]

How many people will it benefit?

[Redacted area]

How will it benefit the community?

[Redacted area]

6. How will the \$50,000.00 award be used?

[Redacted area]

7. What is the timeline for completion?

[Redacted area]

8. What is the overall project budget?

[Redacted area]

All Sources of Funds by Name and Amount:

[Redacted area]

9. What part will other organizations or individuals play in the project?

[Redacted area]

10. How will the Mary Chilton Chapter NSDAR Dorothy Day Davenport grant be recognized?

11. What is the most significant outcome that will result from the project?

12. Information about your organization.

Approximate age of the organization, number of members, amount of dues or membership costs.

Attach an organization financial summary (balance sheet, approximate annual budget identifying revenues by source).

13. Provide three letters of support for your project.

SIGNATURE

CERTIFICATION: I certify that the statements contained in this application are, to the best of my knowledge and belief, true, correct and complete.

AUTHORIZING OFFICIAL

Signature: _____ Date: _____

Name: _____ Title: _____

MARY CHILTON DAR FOUNDATION
P. O. BOX 90716
SIOUX FALLS, SD 57109-0716

GENERAL INSTRUCTIONS FOR SUBMITTING
DOROTHY DAY DAVENPORT
GRANT APPLICATIONS

1. Use this application for requests for the Dorothy Day Davenport Grant.
2. The form should be typewritten. No handwritten applications will be accepted. Applications cannot be submitted electronically.
3. If the space provided on the application is not sufficient, please attach additional sheets. The additional sheets should clearly identify the application item to which they relate.
4. All pages and additional materials must be on 8 ½ x 11 inch paper.
5. All attachments, photographs, brochures, exhibits and other materials (including letters of support or recommendation) must be stapled to the application. Do not use paper clips or other fasteners.
6. Do not put applications inside covers, binders, folders, or notebooks of any type.
7. An application package consists of a completed application form with original signature(s) and additional materials and six (6) photocopies of your completed application including any additional materials for a total of seven (7).
8. Be sure to keep a copy of your completed application for your records.
9. Enclose all requested items in a single package.
Mail the package via Regular Mail (**No Certified Mail**) to:
Mary Chilton DAR Foundation
P.O. Box 90716
Sioux Falls, South Dakota 57109-0716
10. Failure to observe these guidelines may result in your application being returned without consideration.
11. Deadlines. Grant applications must be received by the following schedule:
Received by March 31 and selected by late June.
12. If you have any questions about the application or concerning special or unusual circumstances, please feel free to contact Judy Goetz, Grant Chair at (605) 413-3798.

MARY CHILTON DAR FOUNDATION
P. O. BOX 90716
SIOUX FALLS, SD 57109-0716

INSTRUCTIONS FOR COMPLETING
DOROTHY DAY DAVENPORT
GRANT APPLICATIONS

1. State your Organization name, address and IRS Certification (please attach a copy of your IRS Certification to your grant application package). Be sure to use the correct legal name of the organization; grant disbursements will be made payable to the named organization and sent to the address provided here, unless otherwise instructed.
2. Name, title and phone number of the specific person to whom questions concerning the application or project should be directed. Notice of the action upon your grant application will be sent to this individual.
3. Title of your project.
4. Explain how your Project is related to Mary Chilton Chapter missions of Historic Preservation, Education, and Patriotism.
5. Explain who your project will benefit, how many people it will benefit and how it will benefit the community.
6. Explain how the \$50,000.00 award will be used.
7. Provide a timeline for completion of your Project.
8. Explain what is the overall budget of your Project and all sources of funds by name and amount.
9. Explain how other organizations or individuals will play in your Project.
10. Explain how you will recognize the Mary Chilton DAR Foundation, the Mary Chilton Chapter NSDAR, and the Dorothy Day Davenport Grant within your Project.
11. Explain what significant outcome will result from your Project.
12. Provide information about your organization. Age of organization, number of members, dues, and a financial summary.
13. Provide three letters of support.