

**Pierre/Fort Pierre Community Foundation**  
-and-  
**Youth Philanthropy Fund**  
Funding Application

Application may be completed electronically or manually. Please be sure to write clearly if completing manually.

Submit Application To: [Becky Burke, becky.burke@bankwest-sd.bank](mailto:becky.burke@bankwest-sd.bank), PO Box 998, Pierre, SD 57501

Applications due by: **Friday, October 14, 2022**

**Organization Name** (as it appears on 501(c)(3)): \_\_\_\_\_

**Doing Business As** (if different from above): \_\_\_\_\_

**Taxpayer ID Number** (REQUIRED):  
\_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City, State, ZIP:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Number of People Served in Pierre/Fort Pierre:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Beginning Date for Expenditure:** \_\_\_\_\_

**End Date for Expenditure:** \_\_\_\_\_

**Briefly describe your non-profit organization:**

**Annual Organization Budget for the past two years:**

**Where do you obtain your program/agency funding:**

**Total project/program cost including other funding sources, fundraising, donors, and possible matches  
(provide detail):**

**Application Purpose Summary: Please include a clear description of the project, the need for the project, community support and continuation plans (if applicable). This description should explain how the project relates to the overall mission. (Attach additional pages if necessary, but please be concise):**

Have you had any pending or recent lawsuits challenging the propriety of your disbursements and/or the actions of your staff, volunteers or board members?  Yes  No

Have you had any pending or recent publicity viewed as adverse or critical?  Yes  No

Do you have an annual CPA audit?  Yes  No

Date of last audit: \_\_\_\_\_

If your application is approved, you agree to complete a Final Evaluation and Statement of Expenditures Report.  Yes  No

Who will attend your agency review if called? *(Phone number must be provided)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Authorized Individual: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Feel free to attach supporting documentation using a paper clip.*