

CARING FOR OUR COMMUNITY GRANT APPLICATION FORM

To apply for a Community Grant, please complete this form in full and return it to the SwedishAmerican Foundation. Grant requests are considered once a year and must be received no later than 4:30 p.m. on April 15. You may attach any information you feel will help explain your grant request. You may submit only one grant application per year for your organization. All applications will be reviewed by the SwedishAmerican Foundation Operating Committee. The decision-making process is complete in June. There will be two conference calls to answer questions pertaining to the application: Thursday, March 12, 2020 from 11:00-11:30 a.m. and Thursday, April 9, 2020 from 11:00-11:30 a.m. Please call the conference line at 515-606-5187 access code: 903272.

A. REQUIRED DOCUMENTS

ALL DOCUMENTS MUST BE INCLUDED IN YOUR APPLICATION IN ORDER TO BE CONSIDERED FOR FUNDING.

- Cover Letter
- Detailed Program Proposal
 - Needs Statement
 - Program Description
 - Collaboration
 - Evaluation
 - Sustainability
 - Program Budget
 - Program Budget Narrative
- 501 (c) (3) Determination Letter
- Board of Directors List
- A Signed W9

B. GRANT REQUEST

Organization Name: _____

Grant Title: _____ Amount Requested: \$ _____

C. CONTACT INFORMATION

Contact Name: _____ Title: _____

Address: _____

Telephone Number: _____ E-Mail: _____

Addressed check should be mailed to: _____

D. REQUEST

- Is the amount requested the total amount needed? Yes No
- Are there other funding sources for this project? Yes No

List additional sources: _____

**E. EXECUTIVE SUMMARY (PROVIDE A SNAPSHOT OF THE GRANT PROPOSAL IN 400 WORDS OR LESS
NOTE: A DETAILED PROGRAM PROPOSAL IS REQUIRED, SEE SECTION A)**

F. EXPLAIN THE DIRECT IMPACT UPON THE PEOPLE IN OUR COMMUNITY? (LIMIT TO 250 WORDS OR LESS)

G. DOES YOUR ORGANIZATION CURRENTLY INTERFACE, IN ANY WAY WITH SWEDISHAMERICAN? IF SO, HOW? (LIMIT TO 250 WORDS OR LESS)

H. HAVE YOU OR YOUR ORGANIZATION EVER RECEIVED A GRANT FROM SWEDISHAMERICAN FOUNDATION? Yes No

- If yes, when and for how much? _____
- If yes, is this the same program for which you are currently requesting funds? Yes No

Additional comments you would like to add for the Committee's review: _____

Applicant's Signature

Date

Please submit application to:
SwedishAmerican Foundation
1415 E. State Street, Suite 100
Rockford, IL 61104
Attn: Grant Requests

March 1, 2020