



## 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 Monday, May 1. 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 Operating Committee. The decision-making process is complete in June. Questions should be directed to the Foundation office at 779-696-2496.

### A. GRANT REQUEST

Organization Name: \_\_\_\_\_

Grant Title: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

### B. CONTACT INFORMATION

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Addressed check should be mailed to: \_\_\_\_\_

### C. REQUEST

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

List additional sources: \_\_\_\_\_

### D. EXECUTIVE SUMMARY (LIMIT TO 400 WORDS OR LESS-NOTE: A DETAILED PROGRAM PROPOSAL IS REQUIRED, SEE SECTION H)

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

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### F. HOW DOES YOUR ORGANIZATION CURRENTLY INTERFACE WITH SWEDISHAMERICAN? (LIMIT TO 250 WORDS OR LESS)

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**G. 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 you are currently requesting funds?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

**H. REQUIRED DOCUMENTS**

- 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

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Please submit application to:

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