GILCHRIST FOUNDATION

2024 PROJECT GRANT APPLICATION FORM

APPLICATION DEADLINE:

Friday, June 28, 2024, 5:00 p.m. CDT, is the application deadline for grants awarded in 2024. The original application form and attachments (one set only) shall be received by the Gilchrist Foundation, ATTN: Cari Gehling, Security National Bank, P.O. Box 147, Sioux City, Iowa 51102, on or before the deadline. Notification of decision anticipated July 15, 2024.

Organization Name _____

Proposed Project Name _____

Beginning and Ending Dates of Proposed Project_____

Proposed Project Description(Please validate your organization's request are relevant to areas of interest of the Gilchrist Foundation)

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Total Proposed Project Cost $ _____

Amount Requested $ _____

Contingency plan

(will project be able to go forward if full funding is not received) _____

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_____

Plans to recognize the Gilchrist Foundation:

_____

_____

OTHER FUNDING SOURCES FOR PROPOSED PROJECT:

(please aggregate sources smaller than $1,000):

Source _____amount (_____)Possible__ Applied__ Received__

Source _____amount (_____)Possible__ Applied__ Received__

Source _____amount (_____)Possible__ Applied__ Received__

Source _____amount (_____)Possible__ Applied__ Received__

Source _____amount (_____)Possible__ Applied__ Received__

CHECKLIST:

Please ensure the following items are attached:

Appendix A - List of Board of Directors with names, positions, and mailing addresses

Appendix B - Mission Statement (one page)

Appendix C - IRS Letter of Determination (Must be in good standing for tax exempt status)

Appendix D - Proposed Project budget (one page)

Appendix E - Financial condition of organization (annual report or audited financial)

Appendix F - Your Proposed Outline of Project Final Report (one page)

CERTIFICATION:
I certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge.

Organization: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____

Designated Contact Person _____

Telephone _____

Email _____

Mailing Address_____