

**MITCHELL AREA CHARITABLE FOUNDATION**  
**601 N. Main St.**  
**MITCHELL, SD**

Organization \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date founded \_\_\_\_\_

Contact Person's Name \_\_\_\_\_ Title \_\_\_\_\_

Purpose of Organization \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Major sources of operating funds (%) \_\_\_\_\_

Total operating budget \$ \_\_\_\_\_

Description of project for which funds are requested (no more than 25 words) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specifically, how will funds be used? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What will project accomplish? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Anticipated project period: \_\_\_\_\_.

Geographical area to be served by Project: \_\_\_\_\_

Client group (and number) to be served by project \_\_\_\_\_

\_\_\_\_\_

Amount and source of pledges/commitments to date \_\_\_\_\_

Other funding sources (and amounts) sought for project \_\_\_\_\_

\_\_\_\_\_

Total: \$ \_\_\_\_\_

Amount requested from Mitchell Area Charitable Foundation \$ \_\_\_\_\_

TOTAL PROJECT COST: \$ \_\_\_\_\_

Type of Request: Capital, Equipment, Operating Support, Technical Assistance, Special Project, Scholarships (circle appropriate request)

How will this project be financed in the future? \_\_\_\_\_

\_\_\_\_\_