

WINGS Inc. Foundation Grant Application

Mission Statement: Funding designated to achieve the successful establishment or continuation of new or existing family services and community infrastructure in Huron and surrounding areas. Preference will be granted to those requests which provide support for the growth, protection and overall benefit of women and children in an effort to fortify community and strengthen the family unit.

Grant Period: April 1st to May 1st annually, Grants due March 15th

Eligible Applicants must:

1. Have current 501(c)3 Status
2. Provide services in Beadle County and surrounding service area
3. Project must have emphasis on protection and overall benefit of women and children.
4. Email or Mail completed application, no later than May 1st to

wingsfoundationhuron@gmail.com or

WINGS Inc. Foundation

PO Box 1375

Huron, SD 57350

Please type or print in black ink and sign.

Name of Organization/Applicant: _____

Address: _____

Contact Person/Title: _____

Contact Phone: _____ email: _____

Is your organization a non-profit 501(c)3? Yes ____ No ____

Please attach a copy of your non-profit 501(c)3 status

Is your organization run by a Board of Directors or Committee? Yes ____ No ____

Please list your board or committee members:

How many people will your project impact? _____

What is the amount of grant funds requested from the WINGS Inc. Foundation?

What is the TOTAL cost of the project? _____

1. Briefly describe your organization:
2. Description of the project and impact it may have on the community:
3. Describe how your organization will fund the project; include the total cost, and the percentage of the project you are seeking the WINGS Inc. Foundation to fund.
4. Please list any other funding you are applying or have applied for:
5. Give the timeframe for completion of the project:

I acknowledge that all the information in this grant application is true and correct to the best of my knowledge. I also certify that the funds applied for will benefit Beadle County and surrounding service area and will be used as stated in this application.

I agree that if I/We receive funding from the WINGS Inc. Foundation, I/We will allow them to use my name or my organization's name as well as photographs of the project in press releases and other media as needed.

Authorized Signature / Title

Date

Please print authorized signature name and title