



Success through community caring

South Dakota Community Foundation Community Savings Accounts Challenge Grant Application

Data Fields with asterisks (*) are required information.

Date _____

*Contact Name _____

*Community Savings Account Name _____

*Street Address _____

Street Address 2 _____

*City _____ *State _____ *Zip Code _____

*Phone Number _____

*Email Address _____

*Requested Challenge Grant Ratio/Amount (Grants are only provided in 1:4 or 1:8 ratios. ex. \$25,000 for \$100,000 raised)

*Requested amount of time to reach challenge goal (customary timeframe of 3 years)

Requested start/end date of challenge: _____

Have you completed a SDCF challenge grant in the past? _____

If yes, when did you complete the challenge and what was the ratio/amount you received?

What steps will you take to meet the challenge in the time allotted? (ex. contacts, events, etc.)

Explain your CSAs commitment to reaching your target amount to receive this challenge grant.

What is your ability to continue fundraising for your CSA after receiving a challenge grant?