

Application period opens Oct. 1 of each year and closes Oct. 31 of each year
Funds will be distributed before year end of each year

SOUTH DAKOTA SHOOTING SPORTS FOUNDATION

Further named/referred to as SDSSF



Organization Name _____

Organization Mailing Address _____

City _____ State _____ Zip Code _____

Physical Address (if different from mailing address) _____

City _____ State _____ Zip Code _____

Date Organization Began _____

Has this organization been under any previous names? If yes, please list.

Are you a registered 501(c)3 YES _____ NO _____

We support organizations recognized by the Internal Revenue Service (IRS) as a 501(C) entity, federal, state or local government entities, and state-recognized nonprofit organizations. All applicants must have a Federal Employer Identification Number (EIN) issued by the IRS.

SDSSF does not award grants to individuals.

Federal Tax ID Number _____

Contact Person for Club/Group _____

Contact Person Phone Number _____

Contact Person email _____

Program History (Please give a brief overview of the program these grant funds will be used for)

Number of Participants _____

Approximately how many people participate in your organization?

Primary County Served _____

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Amount of Funds Requested: \$ _____

Use of Funds (Please list intended purchases with estimated pricing that funds will be used for)

*Any Firearms purchased with SDSSF grant funds remain the property of SDSSF if dissolution of the organization should occur. Please notify SDSSF and the grant committee will determine proper disposal or relocation should the need arise.

*Consumables can remain property of the club/organization. Non-consumables may be required to be returned to SDSSF at the discretion of SDSSF.

Any firearms purchased with SDSSF grant money need a record returned to SDSSF from an FFL dealer with a copy of Form 4473, name & information of who purchased the firearms. FFL dealer & grant awarded organization are responsible for returning the completed information back to SDSSF.

Impact of the Program

How will you measure the impact of this program/project that you are using grant funds for? And how will it affect the shooting/hunting/2nd Amendment community?

Organizations Current Non-Consumable Inventory

Please list organization's inventory that would be considered non-consumable and the quantity of items (these are items not frequently replaced and typically have multi-year lifespans)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Required attachments upon submission of the SDSSF grant application:

Signed W9 – current

IRS/State/Gov. Letter for non-profit status

A final report with receipts to show what purchases the grant money was used for is required to be returned to SDSSF within 12 months of receiving funding.

Return Address:

SDSSF
PO Box 501
Mitchell, SD 57301

