

**GRANT COUNTY COMBINED APPEAL  
APPLICATION CHECKLIST**

(Please complete and return with application)

Name of organization \_\_\_\_\_

Application Date Rec'd \_\_\_\_\_

Amount requested - \$ \_\_\_\_\_

Amount received last year - \$ \_\_\_\_\_

Please check that the following are attached:

Application form (completed and signed) \_\_\_\_\_

Financials:

YTD 2026 Budget \_\_\_\_\_

Projected 2027 budget \_\_\_\_\_

IRS letter verifying non-profit status - 501(c)(3) \_\_\_\_\_

Statement of non-discrimination \_\_\_\_\_

Provide two or more photographs (E-Mail to [milbankcf@itcmilbank.com](mailto:milbankcf@itcmilbank.com)) \_\_\_\_\_

Two or more testimonials supporting the communities need \_\_\_\_\_

Operated for one full year \_\_\_\_\_

If you received support last year – please include copies of all materials put out by your organization that indicate you receive support from GCCA \_\_\_\_\_

Name and address that checks are to be mailed to: (must be Grant County address)

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

**Contact Person:** (name, address, telephone number, and e-mail address of person to contact for fund-raising help, award letter, additional information, etc.)

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

E-mail Address \_\_\_\_\_

Interview Dates: July 14 \_\_\_\_ July 16 \_\_\_\_ Either \_\_\_\_ Interviews start at 10:00 end at 4 p.m.  
Possible Time: \_\_\_\_\_



## APPLICATION FOR ALLOCATION OF GRANT COUNTY COMBINED APPEAL FUNDS

The Grant County Combined Appeal (GCCA) is a fund of the Milbank High School Educational Foundation. Each year hundreds of individuals and businesses generously share with their community by contributing to the Annual GCCA Fund Drive. The GCCA Board is a board of local volunteers that reaches out to organizations, businesses, and individuals to give financial support to services that benefit people in our area.

In reviewing applications for funding from the GCCA Fund, the allocations committee is most interested in programs that provide services in the areas of health and safety, human and social services, wholesome recreation for children, or other major community needs. Preference is given to programs that deliver services to a broad constituency in the community relative to the funding requested, and to requests for funding operational expenses rather than capital expenditures. A group requesting funds may be expected to demonstrate that the needs that it addresses are not otherwise being met adequately in the area. The GCCA encourages cooperation among GCCA agencies.

Any organization applying for funding from the GCCA Fund must meet the following requirements:

1. Must be a 501(c)(3) charitable organization.
2. Be governed by a responsible and active board of directors that serve without pay, meets regularly, and exercises effective administrative control.
3. Provide the prior year financial report to be reviewed by the GCCA Allocations Committee and to also provide a proposed budget for the coming year, consisting of both revenue sources and expenses.
4. Have a written policy of nondiscrimination, a copy of which must accompany this application, unless provided previously.
5. Have operated in this community for one full year before applying for GCCA funding.
6. Not conduct any fund raising drives (solicitation) during the period of October 1 until November 15. This time period is reserved for the GCCA Campaign. Except, a GCCA Agency may conduct fund raising (solicitation) for youth activities by selling raffle tickets or selling merchandise and the fund raising (solicitation) is being conducted during the time period reserved for the GCCA Campaign because either:
  - a. This is the time for the youth activity to be held according to the Milbank School District Calendar; or
  - b. The fund raising (solicitation) is being conducted in accordance with national fund raising events.
7. An organization must list all fund raising activity that is anticipated during the period of October 1 and November 15.
8. Failure to comply with the GCCA policy on fundraising may result in reduction or loss of GCCA funding.
9. Have a representative available for the kickoff events, recognition celebration.

**A representative of the applying agency will be expected to appear before the allocation committee to discuss their agency's mission, budget, and participation in last year's fundraising. The Milbank High School Educational Foundation Board of Directors, upon recommendations of the Grant County Combined Appeal Board (GCCA), makes the final decision concerning allocations from the GCCA Fund, and reserves the right to approve or disapprove any application for funding, whether based on the above criteria and requirements or for any other reasons.**

Submission of this application constitutes confirmation by the applicant that it meets and agrees to comply with the requirements set out in this application.

Date: \_\_\_\_\_

Amount Requesting for 2026: \_\_\_\_\_ if this is an increase, why? \_\_\_\_\_



Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Administrator/Executive Director: \_\_\_\_\_

Officers and Board of Directors:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Organization Mission Statement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you receive GCCA Appeal funds last year? \_\_\_\_\_

Are the services you are requesting funding for by the GCCA Fund duplicated by any other agency in Grant County? \_\_\_\_\_ If yes list the agency. \_\_\_\_\_

If you received funding from the GCCA Fund last year, explain how the funds were used.

\_\_\_\_\_

\_\_\_\_\_

How many people will be served by each of your GCCA funded programs: List programs and number served.

\_\_\_\_\_

\_\_\_\_\_

Do you have a waiting list for your services beyond what you are capable of handling? If yes, where will you refer them?

\_\_\_\_\_

\_\_\_\_\_

How does your agency program specifically benefit the clients your agency serves, i.e. social, psychological, physical, etc.?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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If you are not allocated funds, or are partially funded, what would you cut?

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If the money being allocated is going to the general fund please describe in detail each of your programs.

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If you don't receive funds from the GCCA where will you get your funding?

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If needed can the allocation committee meet with your organization? \_\_\_\_\_

**GCCA Recipient Support Requirements**

As a condition of receiving Grant County Combined Appeal (GCCA) Funds, recipient organizations are required to support and promote GCCA throughout the award year. Recipients may meet this requirement by either: (1) acknowledging that they are GCCA recipients in their organization's printed promotional materials OR (2) donate one hour of support and promotion time for every \$1,000 awarded to that organization for that calendar year.

Support and promotion time could also include working at the GCCA booth during a public event, speaking to a group of Pacesetter employees about the GCCA, or other opportunities approved by the GCCA board. Recipients must submit proof of their compliance with this section with the following year's GCCA application. Failing to supply proof of support will result in an agency's award being limited to 5% less than the lowest award it received in the previous three years.

How has your agency promoted the Grant County Combined Appeal during the past year?

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How will you promote GCCA Combined Appeal next year?

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Please include a copy of the current year budget, income, and expenses with this application.

Please include **two or more photographs** of activities and two or more testimonials for publication to support and promote your organization. Please email photos to [milbankcf@itcmilbank.com](mailto:milbankcf@itcmilbank.com) .

Describe any dues or fee schedule. \_\_\_\_\_



What is your approach to reduced fees or services? \_\_\_\_\_

What grants are there available for you to apply for? \_\_\_\_\_

- a. Which ones have you applied for? \_\_\_\_\_
- b. What are you requesting from the grants? \_\_\_\_\_
- c. What do you expect to receive? \_\_\_\_\_

Tax ID # \_\_\_\_\_ Copy of 501(c)(3) included \_\_\_\_\_

**Please attach a copy of your estimated budget for the coming year, together with an explanation of your request for Grant County Combined Appeal Funds and any supporting information you may wish to have considered.**

**Signatures of organization officers:**

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary/Treasurer

Return the application, completed and signed by June 12, 2026  
, to:

Milbank High School Educational Foundation  
113 Flynn Drive  
P.O. Box 366  
Milbank, SD 57252  
milbankcf@itcmilbank.com

