



Economic/Community Development Program

Application Form (03/16)

Community: _____ Date: _____

Organization Applying: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

Email Address: _____ Fax: _____

Selection Criteria

The Selection Committee will seek communities that are working to better both the economy and quality of life in the community. Communities, counties and non-profit organizations applying for donations must be working to promote activities that positively and directly affect the lives of those people who live and work in the area of request. Projects demonstrating direct job creation or significant economic impact will be viewed more favorably. Examples of projects that will be considered include:

- Job creation projects
- Creation and/or support of active economic development organizations
- Community betterment and quality of life projects, particularly those which can demonstrate specific impact on those served
- Research projects which assist with key community development issues including housing, business development, infrastructure, population trends and workforce issues
- Community and economic development leadership programs
- Projects focusing on technology education and/or implementing technology to positively enhance the community, county and/or region
- Tourism projects which have a direct economic benefit

Please answer the following questions completely. You may use a separate sheet. Include references and supporting documentation with your application. A cover letter should be submitted on the letterhead of the organization requesting the funding.

Amount Requested: \$ _____ Total Cost of Project: \$ _____

Request funding for (please circle one): Quarter 1 Quarter 2 Quarter 3 Quarter 4

1. Identify how the funds will be used. Please include a detailed description of the project, including a proposed budget and a timeline. _____

2. Please describe the community need for this project and how that need was determined. _____

3. What impact will this project have on your organization, those served, and/or the community as a whole? _____

4. Does your organization and/or community have a strategic plan and/or 1-5 year goals?

5. How will this project affect your organization and/or community's long-term needs or strategic goals? _____

6. Please describe community support for this goal. Are there other entities funding or otherwise supporting the project? _____

7. If this project will be ongoing, please describe how you intend to fund and/or staff the project in the future. _____

8. If applicable, did you accomplish the goals identified in any previous applications? Were all funds used for their intended purpose? If the funds were not used, please explain why.

Required Attachments:

- Cover Letter
- Copy of IRS Letter of Determination, if applicable
- Project Budget, including expenses and sources of support
- List of Additional Funders

Submitted by: _____ Date: _____

Position: _____

Please mail applications to:

Golden West Telecommunications,
Attn: Economic / Community Development
PO Box 411, Wall, SD 57790-0411

Financial Request Authorization: (to be completed by Golden West)

Economic & Community Selection Committee Approval: _____ Date: _____

Golden West Board of Directors Approval: _____ Date: _____