

# LEGENDS FOR KIDS YOUTH FOUNDATION GRANT APPLICATION

HuVee SANFORD



## Mission

*Our mission is to play a part in providing our area's youth with the tools and confidence to help them make the right decision in life; to provide our youth with the opportunity to experience the positive influence that sports can play in teaching self-discipline, teamwork, leadership and strategic thinking skills while building self-confidence; and to provide an annual event where area youth can gather for FREE specialized training in multiple sports under the supervision of the area's best coaches and athletes.*

## Grant Guidelines (Please read carefully)

1. Priority will be given to youth projects and organizations which have substantial volunteer involvement and to organizations who have demonstrated support for the Legends mission.
2. Grants will be awarded **only** for capital improvements such as equipment and uniforms. The focus of the foundation is sports. The foundation will not support fundraising activities such as program ads or special events.
3. Minimum grant request is **\$500**.
4. Application Dates & Deadlines:
  - i Grant application must be **received by Friday, September 23, 2022**
  - ii Grants will be awarded on or before **Friday, October 14, 2022**
  - iii All grant award winners **must** submit proper documentation (paid invoices) for grant payment. Paid invoices must be **received by the end of business (5 pm) on April 21, 2023**, to be awarded.
5. Applicants will be notified of the Board's decision by e-mail and letter.
6. Each recipient is required to submit a copy of a paid invoice or a committed purchase order for the release of the grant check (**Must be received prior to April 21, 2023**). Please send to: **Sanford Pentagon, Attn. Michelle Rhead, 2210 W Pentagon Pl, Sioux Falls, South Dakota 57107**. Once all the proper paperwork has been submitted checks take 3-4 weeks to be delivered.
7. Legends respectfully requests the use of the **Legends logo** for recognition of funds granted. Examples may include logos for uniforms, batting cages etc. Each recipient needs to have the legends logo displayed on the uniform or capital improvement. Legends for Kids Foundation will **not** supply the logo equipment but will provide the correct logo for use. We ask that applicants send their result photos to Legends Grant Program at the above address.
8. The Legends B.O.D. reserves the right to withdrawal any grant at any time with Board approval.
9. The Legends Grant Committee asks that each organization awarded a 2023 Legends Grant provides a minimum of three (3) volunteers to assist with one of any number of different volunteer opportunities including the golf tournament, free clinics and more. Failure to do so will result in no further grant application consideration in the future.
10. Please attach additional pages in response to each question if more space is needed.

## Project Information (all fields are required)

Name of your organization: \_\_\_\_\_

Address of your organization: \_\_\_\_\_

Name of Board President or Authorized Rep: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address of organizational contact: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Total Cost of Project: \_\_\_\_\_

Project Description:



How will the remaining money be raised?

How many student-athletes (children) will be affected or impacted by this grant? \_\_\_\_\_

Has your organization received a Legends for Kids Grant in the past? If so, when and how much?

Please provide a detailed budget on a separate sheet.

Projected Completion Date of Project: \_\_\_\_\_

Provide a brief history of your organization. Please attach any brochures, flyers, background information or further explanation you feel would help the Foundation Board make its decision. Include the year the organization was founded and your primary source of funding.

Add any additional information you would like to provide:

## Agreement

By signing this grant application, you agree to:

- Use grant money for the purposes detailed in your application.
- Keep accurate financial records.
- Allow your project to be used in any media or public relations campaign, including interviews with and photos of you.

\_\_\_\_\_  
Organization's Board President or Authorized Rep

\_\_\_\_\_  
Date

## Required Exhibits - Please initial to indicate that one copy of each item is included:

- \_\_\_\_ The IRS letter of tax exemption 501(c)(3), if applicable
- \_\_\_\_ A detailed budget for project
- \_\_\_\_ Organization W-9

After you have completed this application, please return it to:

Sanford Pentagon

Attn: Michelle Rhead

2210 W Pentagon Pl, Sioux Falls. SD 57107

To email application: Sent to [michelle.rhead@sanfordhealth.org](mailto:michelle.rhead@sanfordhealth.org)