Rapid City Vision Fund
Project Application
2017 Plan Period

A complete hard copy of the Project Application, along with supportive documents must be received in the Mayor's Office by 5 p.m. August 31, 2016.

Presenter/ Contact : _____

Organization Name: _____

Address: _____
        (Street, City, State, Zip)

Phone: _____

Email: _____

1. Proposed project description:
_____
_____
_____
_____

2. Approximate number and type of individuals to be served by the proposed project:

_____

3. Proposed location of project:

_____

      Would property need to be acquired for the project?

    ☐ Yes   ☐ No

4. Estimated total cost of the project: _____

- When would funds be required? _____
- What complimentary funding sources would be available for this project?
_____

5. How many jobs would be created?
_____
_____

6. What are the estimated ongoing operation/maintenance costs and how would it be paid for?
_____
_____

7. Do you have a business plan?
_____

8. Impact to the community:
_____
_____
_____
_____
_____

9. Please submit any supportive documents along with Project Application.

_____

Signature of Presentor / Contact

Please return application to:

       Mayor's Office
       300 Sixth Street
       Rapid City, SD 57701

Your application will be reviewed for consideration of 2017 Vision Funds. Thank you for applying.