



2021 NON-PROFIT FUNDING APPLICATION

Name of Organization: Inter-Lakes Community Action Partnership, Inc. (ICAP)

Address: P.O. Box 268 Madison, SD 57042

Phone Number: 605-256-6518 Email Address: ekunzweiler@interlakescap.com

Funding Request: \$ 2,750.00

Have you received funding from the City of Madison in the past? yes no

Are you a South Dakota registered non-profit 501(c)3 organization government entity
 other _____

Please complete this application in its entirety. To be eligible, recipients must be organizations or present projects whose work constitutes a public purpose with a mission supporting the public and for the good of the residents of Madison.

1. What purpose will the requested funds fulfill?

The Sixties Plus Dining Program will provide proper nutrition and social contacts at an affordable cost to individuals 60 and older who are at risk for malnutrition due to frailty, illness, surgery, isolation, or the normal aging process. Proper nutrition will enable individuals to maintain physical health and independence, while social contacts will stimulate the mind and decrease isolation. Referrals to other agencies will enhance the quality of life for participating seniors. Clients will be educated on frozen meals and the Star Card program.

2. When will the funds be used?

Funds will be utilized during our program fiscal year from June 2020 through May 2021.

3. How will the activity/project benefit the City of Madison? What target population will be served by this funding? Approximately how many people will benefit from this activity/project? *These funds must be used to benefit residents of the City of Madison.*

Meals will be provided each week day to individuals aged 60 and older, along with weekend meals during the COVID-19 pandemic which allows vulnerable homebound individuals to maintain nutritional health while receiving at least one social contact each day.

4. How, specifically, does your organization intend to use the funds requested? Do you have other funding sources to address this need? If this is a new program/initiative, how will you assure future funding sources?

We are requesting support from the Madison City to use for local matching funds, which allows us to leverage the federal dollars that comprise 47% of the program budget. Without those funds, ICAP could not continue the program at current service levels in the Madison area.

5. What are your plans for evaluation? What will you measure in order to determine success of the program or initiative being funded?

Program staff will assess each participant's nutritional status semi-annually for home-bound seniors. Changes in physical and mental status are noted; nutritional health is documented. This information is entered into a database for statistical analysis. If necessary, the program staff will make referrals to appropriate agencies so that proper assistance and support services can be provided to the individual.

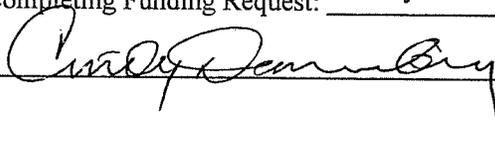
Please feel free to attach any supporting documentation.

As a condition of funding, the following must accompany your completed application:

- completed Form W-9
- copy of the most current certified audit report and/or financial statement

Name/Title of Person Completing Funding Request: Cindy Dannenbring, Executive Director

Applicant's Signature: _____



This application and supporting documentation are due to the Finance Office by 5:00pm on Wednesday July 15, 2020. Submit to 116 W Center St, Madison, SD, 57042 or jennifer.eimers@cityofmadisonsd.com. The Board of Commissioners will review all requests, invite organizations to formally present their requests and/or suggest budgeted appropriations by Tuesday, September 8, 2020.

For questions regarding this application process, please contact the Finance Office at 605-256-7500 Option 3.