



# BCAF

## Butler County Area Foundation Fund

Affiliated with the Nebraska Community Foundation  
A non-profit 501-(c)(3) Foundation  
Federal I.D. No. 470769903  
P.O. Box 91  
David City, NE 68632  
Phone: 402.367.3400 or 402.367.4334

### G R A N T   A P P L I C A T I O N

APPLICANT: \_\_\_\_\_  
(Name of Organization)

ADDRESS: \_\_\_\_\_  
(Box) (City, State) (Zip Code)

CONTACT PERSON: \_\_\_\_\_  
(Name) (Title) (Phone) (e-mail)

- Is this grant to be disbursed to a 501(c)(3) charitable organization? Yes or No. If Yes, please complete the certification of exempt status.
- Is this grant to be disbursed to a governmental entity? Yes or No. If yes, please indicate name of entity: \_\_\_\_\_ City / \_\_\_\_\_ Village / \_\_\_\_\_ School District / \_\_\_\_\_ County
- Is this grant to be paid directly to a vendor for a charitable purpose? Yes or No. If yes, show name and address of vendor \_\_\_\_\_

#### GENERAL CLASSIFICATION OF THE CHARITABLE REQUEST (Check all that apply):

- Youth
- Economic Development
- Donor Education
- People Attraction
- Leadership Development
- Other (Specify) \_\_\_\_\_

#### DESCRIBE THE CHARITABLE PURPOSE OF THE GRANT APPLIED FOR AND HOW THE MONEY WILL BE USED:

(Priority consideration will be given to projects and programs that: have potential for long-term community impact; address an emerging community need, or provide a creative solution to an existing community need or opportunity; result in the greatest good for the greatest number of people; directly involve volunteers in hands-on services supporting the project; and have secured additional funding from other sources.)

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PRIMARY SOURCE OF FUNDING FOR PROJECT/PROGRAM: \_\_\_\_\_

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	<u>AMOUNT</u>	<u>PERCENT</u>
FUNDS AVAILABLE AND/OR PLEDGES RECEIVED:	\$ _____	( _____ )
AMOUNT OF THIS REQUEST FOR GRANT:	\$ _____	( _____ )
REMAINING AMOUNT TO BE RAISED:	\$ _____	( _____ )
TOTAL FUNDING REQUIRED FOR PROJECT:	\$ _____	( 100% )

ANTICIPATED SOURCE OF FUNDING FOR REMAINING AMOUNT TO BE RAISED:

COMPLETION TIMEFRAME \_\_\_\_\_

NUMBER OF PERSONS TO BENEFIT DIRECTLY FROM PROJECT: \_\_\_\_\_

DESCRIBE HOW THE PROPOSED PROJECT WILL BENEFIT THE COMMUNITY BOTH SHORT AND LONG TERM:

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

\_\_\_\_\_  
(Name of Applicant)

By: \_\_\_\_\_

Title: \_\_\_\_\_

Who will attend the Butler County Chamber of Commerce Banquet to receive the grant if awarded?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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RETURN THIS APPLICATION TO: BUTLER COUNTY AREA FOUNDATION  
PO BOX 91  
DAVID CITY NE 68632

APPLICATION DEADLINE: **DECEMBER 31, 2010**

DATE RECEIVED BY BCAF: \_\_\_\_\_

CERTIFICATION OF EXEMPT STATUS (if applicable)

I have attached the Organization's most recent letter from the Internal Revenue Service specifying that the Organization is a tax exempt public charity under section 501(c)(3) of the Internal Revenue Code.

I certify that neither the Organization's exemption nor its public charity status has been revoked, nor has IRS questioned either said exemption or public charity status, nor has the Organization engaged in any activities that would jeopardize either its exemption or its public charity status.

In the event that the Organization's exemption or public charity status are revoked, questioned by the IRS, or anything is done to jeopardize that status, the Organization shall notify the Nebraska Community Foundation immediately thereof.

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

\_\_\_\_\_  
(Name of Organization)

By: \_\_\_\_\_

Title: \_\_\_\_\_