

Brown County Community Foundation Fund  
P.O. Box 323  
Ainsworth, NE 69210

Dear Friends,

You are invited to submit a grant application form to apply for a project grant from the Brown County Community Foundation Fund. Grants are awarded for charitable projects with long-term impact benefiting the Brown County Community in the areas of Health Care, Education, Recreation, and Community infra-structure. Applications which have other committed partners are recommended.

The Brown County Foundation Fund awards grants by following IRS guidelines for charitable community foundations. Charitable organizations, government entities, and 501(c)3 foundations may apply. Funds granted are based on project expenses incurred.

Application forms are available by downloading from; [www.nebcommfound.org](http://www.nebcommfound.org) (search Grant Application Form), by mail from P.O. Box 323, Ainsworth, NE 69210 or from Joe Nelson. **Applications may be submitted at any time.**

The applicant agrees to inform the Brown County Community Foundation Fund when the project is completed. The applicant also agrees to acknowledge the support of the Fund in publicity related to the project.

If you have questions, please call Joe Nelson- 307-331-0640 or Colleen Lentz- 972-809-6409.

Sincerely,  
Brown County Community Foundation Fund  
Ainsworth, NE 69210

Colleen Lentz, Chair  
Joe Nelson, Treasurer

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**BROWN COUNTY COMMUNITY FOUNDATION FUND  
GRANT APPLICATION FORM**

(Return to P.O. Box 323, Ainsworth, NE 69210)

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

**1. Description of project/program for which you are requesting funds.**

(All answers may be continued on back)

**2. Itemized cost of project/program**

Expenses (List) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Projected Expenses: \$ \_\_\_\_\_**

**3. Amount requested from Brown County Fund** \$ \_\_\_\_\_

**4. Project/program Funding:**

Secured Sources of Funding (List) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Project Funding:** \$ \_\_\_\_\_

**Amount Requested from the Brown County Community Foundation Fund**

\$ \_\_\_\_\_

Is this a multi-year funding request? Yes \_\_\_ No \_\_\_ If Yes # \_\_\_

If you receive a partial grant, will you be able to accomplish your goal?

\_\_\_\_\_

Which category best describes your project: Health Care \_\_\_\_\_

Education \_\_\_\_\_ Recreation \_\_\_\_\_ Community Infra-structure \_\_\_\_\_

**Briefly describe the Applicant Organization, its programs, population served:**