



An affiliated fund of the Nebraska Community Foundation
PO Box 525
McCook, NE 69001
mccfund@gmail.com
For questions, please contact:
Ronda Graff, MCFF local coordinator, 308-340-3412

GRANT APPLICATION - COVID-19 Response Account

PROJECT NAME: _____

APPLICANT: _____ **DATE:** _____
(Name of Organization Proposing the Project)

ADDRESS: _____
(PO Box or Street) *(City, State)* *(Zip Code)*

CONTACT PERSON: _____
(Name) *(Title)*

(Phone) *(Email)*

Organization receiving the funds must be one of the following:

___ - 501(c)(3) Organization: _____

___ - Governmental Entity: _____

DESCRIBE THE PURPOSE OF THE GRANT PROJECT AND HOW THE MONEY WILL BE USED:

TIMELINE FOR COMPLETION OF PROJECT:

NUMBER OF PERSONS TO BENEFIT DIRECTLY FROM PROJECT:

PRIMARY DEMOGRAPHIC TO BENEFIT DIRECTLY FROM PROJECT:



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Proposal Summary

Please respond briefly to the following 3 questions.

Please note that this cover sheet may be shared with Nebraska Community Foundation, donors, or McCook Fund Advisory Committee members as a summary of your proposal.

1. Summary of Proposed Work - *Please include project partners, key dates and activities and leadership information.*

2. Statement of Need - *What is the community need being addressed?*

3. Results - *Please include as much information as possible relating to who and how many will benefit.*

Signature: _____

Date: _____

RETURN THIS APPLICATION TO: mcfund@gmail.com or MCFF, Box 525, McCook NE 69001