

Mission

MCFF is connecting and impacting our community through intentional investment of time and financial resources.

Vision

Making McCook an even better place to call home.

VALUES

Stewardship

MCFF will wisely use all of its resources, believing in honesty, integrity, confidentiality.

Respectful

MCFF values people and will work to be inclusive and accepting, making sure both growing up and growing old are priorities.

Grit

MCFF will support those who are resilient, passionate, resourceful, and courageous.

Collaboration

MCFF will connect organizations, individuals and programs to benefit the community, weaving partnerships and relationships along the way.

Leadership

MCFF invests resources in people who take the initiative to help others, who are optimistic and innovative.

Posterity

MCFF will strive to provide for generations to come and to secure the future of McCook and Southwest Nebraska.

Fund Advisory Committee: Cindy Huff, Matt Sehnert, Gavin Harsh, Peggy Been Kyle Dellevoet, Dale Dueland, Dr. Bill Graves, Jeff Gross, Linda Taylor, Tricia Wagner, Pam Wolford; McCook Coordinator Ronda Graff



GRANT APPLICATION

Applicant:			Application year:	
		Name of Organization)		
Project Name:				
Address:				
(PO Box or Street)		(City, State)		
Contact names				
Contact person:	(Name)	(Title)		
	(Phone)	(Email)		
Funding:				
Amount Requested:	\$			
Other Sources of Fund	ding: \$			
Total Cost of Project:	\$			
donors, or McCook Fund A Summary of Proposed (If your organization is no	Advisory Committee members of Work t a 501(c)(3) organization or go	hat this cover sheet may be shared with Nebras as a summary of your proposal. overnmental entity, your summary should inclu oject partners, key dates and activities and lea	ude an explanation of why the	
		licate what other funds have been acquired for	the project.	
Timeline for completio	on of project:			
501(c)(3) Governme	Organization:ental Entity:	f the following (check one):		
		as "pass-thru" account (Ex: School, Ci		
Authorized signature	e from organization (if n	eeded):		
Applicant Signature:			DATE:	