

Newman Grove Community Foundation
Holly Guthard
Secretary
PO Box 178
budssani@frontier.com
Newman Grove, Nebraska 68758

G R A N T A P P L I C A T I O N (Please Type)

APPLICANT:

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

CONTACT PERSON:

Project Name

Check One:

- 501(c)(3) Organization
 Governmental Entity: _____ (Name of Entity)
 Other – please specify: _____

Is this grant to be paid directly to a vendor for a charitable purpose?

If yes, show name and address of vendor _____

Is this grant to be paid as a reimbursement for a charitable activity? Yes or No.

If yes, show name of payee _____

If your organization has previously received assistance from the Newman Grove Community Foundation Fund, state “when” and “how” the funds were used:

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

- | | |
|--|---|
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> People Attraction |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Leadership Development |
| <input type="checkbox"/> Education | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Health | <input type="checkbox"/> Other – Main Street beautification |
| <input type="checkbox"/> Historic Preservation | |

DESCRIBE THE PURPOSE OF THE GRANT PROJECT 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; and have secured additional funding from other sources.)

PRIMARY/ANTICIPATED SOURCE OF FUNDING IN ADDITION TO THIS GRANT:

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

TIMELINE FOR COMPLETION OF PROJECT _____

NUMBER OF PERSONS TO BENEFIT DIRECTLY FROM PROJECT:

PRIMARY DEMORGRAPHIC TO BENEFIT DIRECTLY FROM PROJECT:

Proposal Summary

Please respond briefly to the following 3 questions. Limit answers to all 3 questions to fit on a single page. If you wish, you can attach a separate WORD document for this section. Please note that this cover sheet may be shared with Nebraska Community Foundation, donors, or Newman Grove Fund Advisory Committee members as a summary of your proposal.

1. Summary of Proposed Work

(If your organization is not a 501(c)(3) organization or governmental entity, your summary should include an explanation of why the proposed work is a charitable activity.) Please include project partners, key dates and activities and leadership information.

2. Statement of Need

Describe why this work is important to undertake at this particular time. What is the community need being addressed?

3. Results

List up to three specific, measurable outcomes of this work by which you will determine its success. Please include as much information as possible.

Date: _____
(Name of Applicant)
(Organization)

Email: _____ Telephone Number: _____

RETURN THIS APPLICATION TO:

Gene Wissenburg - Treasurer - Newman Grove Community Foundation
402.750.1796 - 1101 County Line Road, Newman Grove, Nebraska 68758

Holly Guthard - Secretary - Newman Grove Community Foundation
402.741.1875 - PO Box 178, Newman Grove, Nebraska 68758