



PLATTSMOUTH COMMUNITY FOUNDATION FUND
An affiliated fund of the Nebraska Community Foundation
PO BOX 342
PLATTSMOUTH, NE 68048

Updated GRANTS APPLICATION

APPLICANT: _____
(Name of Organization)

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

CONTACT PERSON: _____
(Name) (Title) (Phone) (E-mail)

Note: Please complete all elements of the grant application. An incomplete application will not be reviewed.

Is this grant to be disbursed to a 501(c) (3) charitable organization? Yes or No

- *If yes, a copy of the 501(c) (3) must be included with the grant application. Grants without the 501 (c) (3) will not be considered.*

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 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 Plattsmouth Community Foundation Funds, indicate the date(s) of the award and *if* and *how* the funds were used:

PCFF GRANT GOALS

The goal of the PCFF is to develop Plattsmouth as a vibrant community that honors the past, celebrates the present, and looks to the future. PCFF prioritizes projects that develop leadership, entrepreneurship, youth engagement, and charitable assets in the Plattsmouth community.

PROJECT OVERVIEW

- Explain the project/activity in two to three sentences.
- Is this a new project?
- Does this project have a new element? If yes, what is the new element?

GOAL(S) OF THE PROJECT:

- Describe the major goal of the project. What impact will the project make on the community?

MATCH TO PRIORITIES:

Mark the priorities addressed in the grant request. Mark all categories that apply.

Priority Categories: () Leadership () Entrepreneurship () Youth Engagement () Charitable Assets

Our Mission:

“Honoring the past, Celebrating the Present, and Looking to the Future.”

Effective January 2024

Other Categories:

- ☐ Arts and Culture
- ☐ Economic Development
- ☐ Education
- ☐ Environment
- ☐ Health

- ☐ People Attraction
- ☐ Historic Preservation
- ☐ Recreation
- ☐ Other (Specify) _____

- Explain how the project goal(s) supports the PCFF goal of helping Plattsmouth become a vibrant community.
- Explain how the project addressed the priorities and categories identified above.

BENEFIT TO THE COMMUNITY

- Describe the positive change that will be created by the project:
- Describe how the project will enhance the quality of life in the community:
- Describe how the project will enhance the overall community economic prosperity:
- Describe how the project will build belief in the future of the community:

NUMBER OF PERSONS TO BENEFIT DIRECTLY FROM PROJECT

Approximate # of people impacted by the grant _____

GRANT IMPLEMENTATION

- Describe the ability of your group to implement the grant:
- Describe how the money will be used to meet the purpose:
- Describe the timeline for the grant:

BUDGET

PRIMARY SOURCE OF FUNDING IN ADDITION TO THIS GRANT: _____

	<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: _____

Note: Money will be reimbursed to the organization after receipts should be emailed to plattsmouthfoundation@yahoo.com and copied to snewt88Sloren@outlook.com.

Date: _____

(Name of Applicant)

Email: _____

Telephone Number: _____

RETURN THIS APPLICATION "ELECTRONICALLY" TO:

plattsmouthfoundation@yahoo.com

APPLICATION DEADLINE: January 31, 2024 at 5:00 pm

FOR QUESTIONS REGARDING APPLICATIONS, FEEL FREE TO CONTACT
Michael Schuldt at (402) 296-6025

CERTIFICATION OF EXEMPT STATUS (if applicable)

Note: Charitable organizations must include the letter described below with the grant application or the grant will not be considered.

I have electronically 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 the 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: _____

Phone: _____

Email: _____