

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

G R A N T A P P L I C A T I O N

APPLICANT: _____
(Name of Organization)

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

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

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

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 directly to a vendor for a charitable purpose? Yes or No. 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 Plattsmouth Community Foundation Funds, indicate "if" and "how" the funds were used: _____

If you answered yes to the questions above, have you electronically sent us an email of the item acquired or of the completed project? If yes, identify the date sent: _____

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

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

Other Categories:

() Arts and Culture

() People Attraction

() Economic Development

() Historic Preservation

() Education

() Recreation

() Environment

() Other (Specify) _____

() Health

BRIEFLY DESCRIBE THE CHARITABLE PURPOSE OF THE GRANT

(Priority consideration will be given to projects and programs that promote youth and community *leadership*, nurture new *entrepreneurial* ideas, and *engage youth by cultivating a sense of belonging* in our community. Priority consideration will also 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; directly involve volunteers in hands-on services supporting the project; and have secured additional funding from other sources.)

Our Mission:

“To inspire giving, investing, and leadership in our community to enhance the quality of life.”

DESCRIBE HOW THE MONEY WILL BE USED TO MEET THE PURPOSE:

DESCRIBE THE ABILITY OF YOUR GROUP TO IMPLEMENT THE GRANT:

EXPLAIN HOW THIS PROJECT WILL BENEFIT THE COMMUNITY:

TIMELINE FOR COMPLETION OF PROJECT:

NUMBER OF PERSONS TO BENEFIT DIRECTLY FROM PROJECT:

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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:

Date: _____ (Name of Applicant) _____
Email: _____ Telephone Number: _____

RETURN THIS APPLICATION "ELECTRONICALLY" TO:

plattsmouthfoundation@yahoo.com

APPLICATION DEADLINE: February 15, 2019 5:00 pm

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

CERTIFICATION OF EXEMPT STATUS (if applicable)

Our Mission:
"To inspire giving, investing, and leadership in our community to enhance the quality of life."

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 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: _____

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