



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.*

### GRANT BASICS

- 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 without the paperwork..**
- Is this grant to be disbursed to a governmental entity? Yes or No. If yes, please indicate the name of the entity:  
\_\_\_\_\_ City / \_\_\_\_\_ Village / \_\_\_\_\_ School District / \_\_\_\_\_ County
- Is this grant being dispersed to a religious organization? Yes or no. If yes, please understand that funding opportunities are limited to secular activities.
- Is this grant to be paid as a reimbursement for a charitable activity? Yes or No. If yes, provide the name of the payee.
- If your organization has previously received assistance from the Plattsmouth Community Foundation Funds, list the date(s) of each award. Include *if* and *how* the funds were used.

### PCFF GOAL and PRIORITIES

*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 goal and activity in two to three sentences. (This project will... by...)
- Is this a new project?
- If this is a project that has been awarded funds in the past, is there a new element to the project? If yes, describe the new element.

Our Mission:

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

Effective January 2026

**MATCH TO PRIORITIES:**

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

- Explain how the project addressed the priorities and categories you identified above.

**BENEFIT TO THE COMMUNITY**

Describe the positive change created by the project by addressing the following topics.

- How will the project enhance the quality of life in the community?
- How will the project enhance the overall community economic prosperity?
- How will the project build belief in the future of the community?
- Feel free to include any other relevant information.

**NUMBER OF PERSONS TO BENEFIT DIRECTLY FROM THE PROJECT**

Approximate # of people impacted by the grant.

Adults: \_\_\_\_\_

Youth: \_\_\_\_\_

**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:** \_\_\_\_\_

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	<u>AMOUNT</u>	<u>PERCENT</u>
<b>FUNDS AVAILABLE AND/OR PLEDGES RECEIVED:</b>	\$ _____	( _____ )
<b>AMOUNT OF THIS REQUEST FOR GRANT:</b>	\$ _____	( _____ )
<b>REMAINING AMOUNT TO BE RAISED:</b>	\$ _____	( _____ )
<b>TOTAL FUNDING REQUIRED FOR PROJECT:</b>	\$ _____	( 100% )

**ANTICIPATED SOURCE OF FUNDING FOR REMAINING AMOUNT TO BE RAISED:** \_\_\_\_\_

Note: Money will be reimbursed to the organization after receipts are emailed to [plattsmouthfoundation@yahoo.com](mailto:plattsmouthfoundation@yahoo.com) and copied to [Rnewt88Sloren@outlook.com](mailto:Rnewt88Sloren@outlook.com).

Date: \_\_\_\_\_ (Name of Applicant) \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

RETURN THIS APPLICATION "ELECTRONICALLY" TO:

[plattsmouthfoundation@yahoo.com](mailto:plattsmouthfoundation@yahoo.com)

APPLICATION DEADLINE: January 31, 2026 at 7:00 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.*

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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: \_\_\_\_\_