



An affiliated fund of Nebraska Community Foundation  
PO Box 588  
Sidney, NE 69162

For questions, please email  
sidneyandgreaterareafund@gmail.com

**Deadlines:**

**October 1st**

**April 1st**

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## Application for Assistance

### Guidelines :

- Applications must be received during the application period in order to be considered. Only 501(c)(3) organizations or groups or others deemed charitable by the IRS are eligible for assistance.
- Money must be used for the project as originally requested within 12 months, otherwise the money will be forfeited.
  - Exception: If the project is expected to take longer than 12 months an explanation will be required as well as a 1 year update.
- Trips will not be funded, as grants are to be used within the SAGA Fund service area.
- The Fund Advisory Committee reserves the right to delay disbursement of money until the project is completed or project update is provided
- Decisions on fund disbursements are the sole decision of the Sidney And Greater Area Fund Advisory Committee.
- Applicants selected for consideration will be required to present project scope to the Fund Advisory Committee. Eligible applicants shall be provided a minimum of one week's notice to prepare.
- Updates of the project and verification of how funds are spent will be required. Examples of requested documentation include pictures and receipts.
- Social media project updates and completion posts are encouraged and selected applicants are asked to tag the Sidney And Greater Area Fund pages.



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## GRANT APPLICATION

**APPLICANT:** \_\_\_\_\_  
(Name of Organization)

**ADDRESS:** \_\_\_\_\_  
(PO Box or Street) (City, State) (Zip Code)

**CONTACT PERSON:** \_\_\_\_\_  
(Name) (Title)  
\_\_\_\_\_  
(Phone) (Email)

**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? 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 Sidney And Greater Area Fund, state “when” and “how” the funds were used: \_\_\_\_\_

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**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 (Specify) _____  |
| <input type="checkbox"/> Historic Preservation |   |



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**DESCRIBE THE PURPOSE OF THE GRANT PROJECT AND HOW THE MONEY WILL BE USED:**

Please respond briefly to the following 3 questions. Limit all answers to fit on a single page. You will attach a separate WORD document for this section.

**#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 relating to who and how many will benefit.

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**BUDGET DETAILS:**

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

**TIMELINE FOR COMPLETION OF PROJECT** \_\_\_\_\_

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

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
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RETURN THIS APPLICATION TO:

[sidneyandgreaterareafund@gmail.com](mailto:sidneyandgreaterareafund@gmail.com)  
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PO Box 588  
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