



OUR VISION

Our Calamus Area communities are thriving in a regional economy, as well as providing a welcoming home for families to live the good life.

OUR MISSION

Our Fund Advisory Committee provides leadership development, promotes collaboration philanthropic giving, engages the community in conversations to identify, and leverage private and charitable funds for impactful community investment.

OUR VALUES

- | | |
|----------------|------------------|
| *Inclusion | *Impact |
| *Integrity | *Grass roots |
| *Collaboration | *Trustworthiness |

CONNECT WITH US:

Calamus Area Community Fund
P.O. Box 901
Burwell, NE 68823-0901

EMAIL: calamusareacommfund@gmail.com

WHAT WE FUND

The Calamus Area Community Foundation restricts its support to 501 C(3) organizations, government entities or other types of organizations using the funds for charitable purposes. We encourage all grant requests for projects or programs that are consistent with our vision, mission, and values.

- Will have a broad impact on the quality of life for a significant number of people.
- Involve partnerships and are funded by multiple stakeholders.
- Propose ways to address emerging community issues and needs.
- Are creative in approach to solving problems or capturing opportunities.
- Achieve measurable outcomes/results.
- Support community development and growth.
- Encourage others to get involved and knit the community together.



UNRESTRICTED ENDOWMENT GRANT APPLICATION

*Calamus Area Community Fund is an affiliated fund of the
Nebraska Community Foundation.*

DATE: _____

APPLICANT: _____
(Name of Organization)

ADDRESS: _____

CONTACT PERSON: _____
(Name) (Title)

_____ (Phone) (Email)

PROJECT NAME: _____

Check One:

_____ 501 C(3) Organization (If your organization has been approved by IRS, attach the most recent letter and sign the Certification of Exempt Status form in this application.)

_____ Governmental Entity: _____ (Name of Entity)

_____ Other - please specify: _____

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

If CACF can provide partial funding to your request, do you feel you can still complete your project/accomplish your goals?

TIMELINE FOR COMPLETION OF PROJECT: _____

Is this a multi year funding request? Yes or No

If yes, explain in Proposal Summary

PROPOSAL SUMMARY

Attach a separate page answering the following:

1. STATEMENT OF NEED

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

2. SUMMARY OF PROPOSED PROJECT

- Provide an overview of the project.
- Purpose of the project.
- How many people will be served by your project?
- How long will the project benefit the intended persons or community?
- Describe the timeframe of this project including key dates and an estimate/breakdown of costs to support the project.
- Indicate funding sources for this project and how your project will be funded in the future.
- Include project partners that are in collaboration with your organization on this project. Name the individuals representing each organization and the level of involvement.
- Indicate how the project will meet the Vision & Mission & Values of the Calamus Area Community Fund

3. RESULTS

- Indicate the outcomes you are hoping to obtain with this project.
- Describe how the quality of life will be enhanced in the Calamus community.

THE PROCESS

*Submit your grant application, Proposal Summary, 501C3 documents, and the IRS Certification to CACF.

*Applications for grants may be submitted at any time and will be reviewed quarterly by the Calamus Area Community Fund Advisory Members.

*At any point during the review process, CACF may request more information about your project.

*Grant availability is subject to change anytime. CACF cannot guarantee that every proposal will be funded or that you will receive the full amount requested.

*Grants that are selected, must submit a final report describing the results of the project within 60 days after the completion of the project or program for which you received the funding.

*We are happy to answer any questions you may have about the application process.

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CERTIFICATION OF EXEMPT STATUS

I have 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 will notify the Nebraska Community Foundation immediately.

Name of Applicant Organization

Signature

Printed Name

Title (in relation to applicant organization)

Date