



Grant Application

Atkinson Community Foundation Fund
An affiliated fund of the Nebraska Community Foundation
PO Box 519, Atkinson, NE 68713
info@goatkinson.com

A. Applicant Organization Information

Organization Name _____

Address/ Zip Code _____

Contact Person and Title _____

Telephone number _____ Fax _____

Email address _____

Check One:

- 501(c)(3) Organization *Please submit copy of IRS Letter of Determination and the signed Certification of Exempt Status found at the end of this application.*
- Governmental Entity (village, city, county, school district, etc.)
- Other – please specify: _____
(Additional information may need to be submitted.)

Proposal Title _____

Instructions:

You must mail your completed application along with any other requested information. Emailed applications will NOT be accepted. Once your application is received it will be reviewed at the next monthly meeting of the Atkinson Community Foundation Fund Advisory Committee. A representative from the Advisory Committee will contact you after your application has been reviewed.

Please follow all other instructions listed throughout the application. Applications that have been submitted without following the instructions will not be reviewed by the Advisory Committee.



The Atkinson Community Foundation Fund is affiliated with the



Applicant Organization Name _____
 Proposal Title _____

B. Budget Summary for This Proposal

Income

- 1. Applicant's funds being used for this work, if any \$ _____
- 2. Amount of This Request** \$ _____
- 3. Amount of Other *Confirmed* Requests, if any \$ _____
- 4. Amount of Other *Pending* Requests, if any \$ _____
- 5. Amount of funding *Not Yet Applied For*, if any \$ _____
- 6. **Total** Income (1 + 2 + 3 + 4 + 5 = 6) \$ _____
- 7. **Total** Cost for Proposed Activity \$ _____
- 8. Balance: (6 - 7 = 8) \$ _____

Explain positive or negative balances:

Expense

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____
- 6. **Total** Expense (1 + 2 + 3 + 4 + 5 = 6) \$ _____



C. Proposal Summary

Please respond VERY BRIEFLY to the following questions. Limit to answers to fit on this single page. If you wish, you can cut and paste from a Word document into this section. Please note that this cover sheet may be shared with NCF, donors, or Fund Advisory Committee members as a short executive summary of your proposal. (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.)

Statement of Need

Describe why this work is important to undertake at this particular time.

Results

List up to three specific, measurable outcomes of this work by which you will determine its success.



Applicant Organization Name _____

Proposal Title _____

D. Proposal Narrative

Please answer all applicable questions in the order listed using the number and headings provided. Proposals should be typed and in no less than 10 point font. Your application narrative may be completed as a Word document that does not exceed four (4) pages, excluding requested attachments.

1. *Objective.* State the objective(s) of your proposal and the underlying community need, problem or opportunity addressed by the proposal.
2. *Population Served.* Who and how many are served. Include as much information as possible, such as numbers, location, socio-economic status, ethnicity, gender, age, physical ability and language.
3. *Effect.* State the anticipated outcome(s) and the effect on the need, problem or opportunity.
4. *Partnerships.* Discuss partnerships with other agencies and organizations, if applicable.
5. *Work Plan.* Include key dates, activities, and actions.
6. *Evaluation Plan.* State how proposed objective(s), activities and outcome(s) will be evaluated.
7. *Leadership.* List those who will implement, supervise and evaluate the project and their qualifications.



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 Atkinson Community Foundation Fund and the Nebraska Community Foundation immediately.

Name of Applicant Organization

Signature

Printed Name

Title (in relation to applicant organization)

Date