**GRANT APPLICATION FORM**

APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach responses for each of the following:

1. Describe how your proposed project/program aligns with the Shickley Community Foundation’s Mission Statement and objectives (see paragraphs 1 and 2 of cover letter).
2. Indicate timeframe for work on and completion of your proposed project/program.
3. Indicate how the funding requested through this grant shall be used. As part of your response, identify the primary source of funding for your proposed project/program.
4. Provide a breakdown of the total amount of funds needed to complete your project/program, together with a description of how other funds have been or shall be acquired, as follows:

|  |  |  |
| --- | --- | --- |
| **FUNDING** | **DOLLAR AMOUNT** | **PERCENTAGE** |
| **Funds Available and/or Pledges Received** |  |  |
| Source: |  | % |
| Source: |  | % |
| Source: |  | % |
| **Amount Requested through this Grant** |  | % |
| **Balance Required to Fund Project/Program** |  |  |
| Source: |  | % |
| Source: |  | % |
| Source: |  | % |
| **TOTAL** |  | 100% |

In signing this application, I verify that (1) the information submitted is accurate; and (2) a final report shall be submitted upon completion of this project/program, detailing how the grant funds were used. I understand that my organization may not be eligible for future funding unless and until a final report has been prepared and submitted to the Shickley Community Foundation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Please return your grant application to: Shickley Community Foundation

PO Box 372

Shickley, NE 68436-0372

Applications Due March 1 & September 1 Each Year