



PO Box 372
Shickley, NE 68436-0372

Dear Grant Applicant:

The Shickley Community Foundation is very pleased that you are considering a project/program to benefit the citizens of Shickley and the surrounding area, and we are excited to help you meet your goal by assisting with funding. In order to do so, we request the following:

1. First and foremost, requests for grants from the Shickley Community Foundation are to be consistent with our Mission Statement:

The mission of the Shickley Community Foundation Fund, an affiliate of the Nebraska Community Foundation, is to fund community development now and for generations to come. We are committed to keeping our community a vital, progressive and healthy place where people can live, raise families and retire. To fulfill our vision of Shickley, we provide a variety of ways for people to invest their time, talent and treasure in our community.

2. Further, the Shickley Community Foundation encourages grant requests for projects/programs that:
 - a) Will have a broad impact on the quality of life in our community or surrounding area;
 - b) Are creative, innovative and/or responsive approaches to community issues and economic development;
 - c) Will develop community leadership skills by encouraging others to get involved in addressing our community's needs and engaging young people within our community; and
 - d) Are sustainable over time by leveraging other sources of support.
3. The Shickley Community Foundation must restrict funding support to 501(c)(3) organizations, government entities and other types of associations which utilize funds for charitable purposes only. If your organization is not a 501(c)(3) organization or government entity, please contact the Foundation as you prepare your application so that we may verify the charitable purpose of your request.
4. More information may be necessary, so please be prepared should a member of the Foundation contact your organization for an interview to discuss the proposed project/program.
5. A final report needs to be returned to the Shickley Community Foundation upon completion of your project/program (see attached Grant Reporting Form). This will be a consideration before your organization will be eligible to apply for funding in the future.

Again, congratulations on your idea for a project/program benefiting the Shickley community. We look forward to working with you.

Sincerely,

Judy Lichti, President
Shickley Community Foundation



GRANT APPLICATION FORM

APPLICANT: _____
 CONTACT PERSON: _____
 ADDRESS: _____
 PHONE NUMBER: _____ E-MAIL: _____

Please attach responses for each of the following:

- A. 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).
- B. Indicate timeframe for work on and completion of your proposed project/program.
- C. 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.
- D. 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



GRANT REPORTING FORM

GRANT RECIPIENT ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

PROJECT/PROGRAM TITLE: _____

GRANT AMOUNT: _____ GRANT DATE: _____

Please answer all applicable questions in the order listed using the number and headings provided. Your completed report is to be returned within one (1) month following the end of the activity funded by your grant. If possible, please also send a digital photograph of your project/ program with this report to jlichti@windstream.net.

1. What impact did your project/program have in the community?
2. Describe whom your project/program served, *e.g.* age group(s), number of people, etc.
3. How has this project/program accomplished the objectives stated in the grant application?
4. Projected Budget: _____ Actual Expenses: _____
Have your actual costs been consistent with your estimates? If not, what were the reasons for the variances?
5. Did you meet any unexpected challenges during the project/program? If so, how did you handle them?

In signing this report, I verify that the information submitted is accurate.

Signature

Date

Please return your report to: Shickley Community Foundation
PO Box 372
Shickley, NE 68436-0372