



An affiliated fund of the Nebraska Community Foundation
PO Box 263
Red Cloud, NE 68970
jmccartney@redcloudnebraska.com
For questions, please contact Jarrod McCartney, RCCF local coordinator
402-746-4065

Application Periods:

- **March 15th to May 1st**
- **Oct. 1st to Nov. 15th**

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 Red Cloud Community Foundation Fund, state “when” and “how” the funds were used: _____

GENERAL CLASSIFICATION OF THE CHARITABLE REQUEST (Check all that apply):

- Arts and Culture
- Economic Development
- Education
- Environment
- Health
- Historic Preservation
- People Attraction
- Leadership Development
- Recreation
- Youth
- Other (Specify) _____

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

(Priority consideration will be given to projects and programs that: have potential for long-term community impact; address an emerging community need, or provide a creative solution to an existing community need or opportunity; result in the greatest good for the greatest number of people; and have secured additional funding from other sources.)

PRIMARY/ANTICIPATED SOURCE OF FUNDING IN ADDITION TO THIS GRANT:



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	<u>AMOUNT</u>	<u>PERCENT</u>
FUNDS AVAILABLE AND/OR PLEDGES RECEIVED:	\$ _____	()
AMOUNT OF THIS GRANT REQUEST:	\$ _____	()
REMAINING AMOUNT TO BE RAISED:	\$ _____	()
TOTAL FUNDING REQUIRED FOR PROJECT:	\$ _____	(100%)
TIMELINE FOR COMPLETION OF PROJECT	_____	
NUMBER OF PERSONS TO BENEFIT DIRECTLY FROM PROJECT:	_____	
PRIMARY DEMOGRAPHIC TO BENEFIT DIRECTLY FROM PROJECT:	_____	

Proposal Summary

Please respond briefly to the following 3 questions. Limit answers to all 3 questions to fit on a single page. If you wish, you can attach a separate WORD document for this section. Please note that this cover sheet may be shared with Nebraska Community Foundation, donors, or Red Cloud Community Fund Advisory Committee members as a summary of your proposal.

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.

Date: _____
(Name of Applicant) (Organization)

Email: _____ Telephone Number: _____

RETURN THIS APPLICATION TO:

jmccartney@redcloudnebraska.com
 Or
 Red Cloud Community Fund
 PO Box 263, Red Cloud, NE 68970