

# Lincoln/Lancaster County Grantmakers Application Form

Each grantmaker is governed by its own board and maintains its own guidelines, priorities, and deadlines. It is important to contact each for specific requirements before submitting an application.

Provide the information in the order requested, and number and restate the headings. Submit the number of copies required by each grantmaker. Do not put proposals in binders, notebooks or other presentation packages. Do not send additional materials (articles, brochures letters, etc.) unless they contribute in an important way to our understanding. Call, write, fax or e-mail if you have questions.

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## **Abel Foundation**

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## **Building Strong Families Fund**

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## **Cooper Foundation**

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## **Duncan Family Trust**

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## **Lincoln Community Foundation, Inc.**

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## **Foundation for Lincoln Public Schools**

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[www.FoundationForLPS.org](http://www.FoundationForLPS.org)

## **Woods Charitable Fund, Inc.\***

Tom Woods, President  
Angie Zmarzly, Kathy Steinauer Smith, Community  
Investment Directors  
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[www.woodscharitable.org](http://www.woodscharitable.org)

\*Woods Charitable Fund uses a web-based application system. Although its questions are taken from this Form, slight changes in wording and formatting exist. Please contact the Fund to access the application system.

# Lincoln/Lancaster County Grantmakers Application Form

Follow this format, and number and restate the headings.

Foundation Applied To: \_\_\_\_\_

Application Date: \_\_\_\_\_

Organization's Federal Tax I.D. Number: \_\_\_\_\_

## I. ORGANIZATIONAL INFORMATION

A. Organization Name \_\_\_\_\_  
(List fiscal agent for collaborations)

B. Address/9-digit Zip Code \_\_\_\_\_

C. Website \_\_\_\_\_

D. Chief Executive Officer \_\_\_\_\_

D.1. Telephone number \_\_\_\_\_ D.2. Fax \_\_\_\_\_

D.3. Email address \_\_\_\_\_

E. Contact Person and Title \_\_\_\_\_  
(If other than the Chief Executive)

E.1. Telephone number \_\_\_\_\_ E.2. Fax \_\_\_\_\_

E.3. Email address \_\_\_\_\_

F. Purpose of Request

A brief summary of the amount requested and its purpose. Limit it to this space.

\_\_\_\_\_  
(Signature of Chairperson of the Board)

\_\_\_\_\_  
(Signature of the Chief Executive Officer)

*Consult individual grantmakers' guidelines and instructions.*

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Follow this format, and number and restate the headings.

## **II. PROPOSAL NARRATIVE: 10 Pages Maximum. Clarity and brevity are encouraged.**

### **A. ORGANIZATION MISSION STATEMENT**

### **B. FUNDING REQUEST**

1. *Amount Requested*
2. *Objective & Effect...* State the objective(s) and the underlying need, problem or opportunity. Describe the effect and anticipated outcome(s).
3. *Who and how many will be served?.....* Include as much relevant information as is available, such as location, socio-economic status, ethnicity, gender, age, physical ability, and language.
4. *Partnerships.....* Discuss partnerships relevant to this proposal.
5. *Work Plan.....* Include key dates, activities, and actions.
6. *Evaluation Plan.....* State how proposed objective(s), activities and outcome(s) will be evaluated.

### **C. FINANCIAL PLAN**

1. *Project Budget.....* List sources & amounts of income, including this request, and their status (confirmed, pending, not yet applied for), and detailed expenses.
2. *Development Plan...* Outline your plan for funding this proposal now and, if applicable, in the future.
3. *Timing.....* State when funding would be needed.

### **D. BACKGROUND OF THE ORGANIZATION – FOR FIRST-TIME APPLICANTS ONLY**

1. *History & Mission...* A brief description.
2. *Programs.....* Key programs not otherwise included in this application.

## **III. REQUIRED SUPPORTING MATERIAL**

### **A. OPERATING BUDGET**

For your current fiscal year and the year for which support is requested, if different (include sources and amounts of income for all years).

### **B. FINANCIAL REPORT**

For the current period. Include income/expense statement and balance sheet.

### **C. REVIEW OF FINANCIAL STATEMENTS**

Provide the highest level financial statement review available for the most recent complete fiscal year. (If your statements are not audited or reviewed indicate why and submit a balance sheet and income/expense statement for your organization's most recently completed fiscal year.)

### **D. IRS FORM 990**

For the most recent complete fiscal year. Include Schedule A. (If you do not file with the I.R.S., indicate why.)

### **E. BOARD OF DIRECTORS & STAFF**

Number and composition (ethnicity-gender) of each group. For board of directors, include addresses, phone numbers and affiliations.

### **F. IRS EXEMPTION LETTER**

Provide the most recent letter confirming your agency's tax exempt status.