

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.

Abel Foundation

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1815 Y Street
Lincoln, NE 68508
Phone (402) 434-1212 *Fax* (402) 434-1799
rossm@nebcoinc.com
www.abelfoundation.org

Cooper Foundation

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Phone (402) 476-7571 *Fax* (402) 476-2356
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victoria@cooperfoundation.org
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Duncan Family Trust

Connie Duncan
P.O. Box 81887
Lincoln, NE 68501-1887
Phone (402) 419-0070
connie.duncan@duncanaviation.com
www.duncanfamilytrust.org

Lincoln Community Foundation, Inc.

Michelle Paulk, Vice President for Community Outreach
215 Centennial Mall South, Rm. 100
Lincoln, NE 68508
Phone (402) 474-2345 *Fax* (402) 476-8532
sarahp@lcf.org
www.lcf.org

Foundation for Lincoln Public Schools

Wendy Van, President
P.O. Box 82889
Lincoln, NE 68501-2889
Phone (402) 436-1612 *Fax* (402) 436-1692
swberry@lps.org
www.FoundationForLPS.org

Woods Charitable Fund, Inc.*

Tom Woods, President
Angie Zmarzly, Kathy Steinauer Smith, Community Investment Directors
1248 O Street, Suite 1130
Lincoln, NE 68508
Phone (402) 436-5971
twoods@woodscharitable.org
azmarzly@woodscharitable.org
kathy.steinauersmith@woodscharitable.org
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.