

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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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.