

Lincoln/Lancaster County Grantmakers Application Form

1/1/2011

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

Ross McCown, Vice President
1815 Y Street
Lincoln, NE 68508
Phone (402) 434-1212 *Fax* (402) 434-1799
rossm@nebcoinc.com

Building Strong Families Fund

Deb Daily, Beatty Brasch
3901 N 27th St., Unit 1
Lincoln, NE 68521-4177
Phone (402) 476-4364 *Fax* (402) 476-4358
ddaily@buildingstrongfamiliesfund.org
bbrasch@buildingstrongfamiliesfund.org
www.buildingstrongfamiliesfund.org

Cooper Foundation

Art Thompson, President
Victoria Kovar, Program Officer
870 Wells Fargo Center, 1248 O Street
Lincoln, NE 68508
Phone (402) 476-7571 *Fax* (402) 476-2356
art@cooperfoundation.org
victoria@cooperfoundation.org
www.cooperfoundation.org

Duncan Family Trust

Vickie A. Smith
P.O. Box 81887
Lincoln, NE 68501
Phone (402) 479-8103 *Fax* (402) 479-1628
vickie.smith@duncanaviation.com
www.duncanfamilytrust.org

Lincoln Community Foundation, Inc.

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

Foundation for Lincoln Public Schools

Sharon Wherry, President
5901 O Street
Lincoln, NE 68510
Phone (402) 436-1612 *Fax* (402) 436-1692
swerry@lps.org
www.FoundationForLPS.org

Woods Charitable Fund, Inc.*

Pam Baker, Executive Director
Tom Woods, Program Officer
Angie Zmarzly, Program Associate
1440 M Street
P.O. Box 81309
Lincoln, NE 68501
Phone (402) 436-5971 *Fax* (402) 742-0123
pbaker@woodscharitable.org
twoods@woodscharitable.org
azmarzly@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 1/1/2011

Follow this format, and number and restate the headings.

Foundation Applied To: _____

Application Date: _____

Organization's Federal Tax I.D. Number: _____

I. ORGANIZATIONAL INFORMATION

Provide the following information in two pages using this format.

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...* How will the initiative be sustained after the funding from this proposal is expended?
3. *Timing.....* State when funding would be needed.

D. BACKGROUND OF THE ORGANIZATION

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

- i. Current period income/expense statement
- ii. Current period 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.