

## **SANDHILLS AREA FOUNDATION**

P.O. BOX 444  
VALENTINE . NE. 69201

### **GRANT APPLICATION PROCEDURES**

The goal of the Sandhills Area Foundation is to improve the quality of life in the Sandhills area by supporting needs that are not being met in the areas of civic, cultural, health, education and social service.

An application packet may be received by calling or writing the foundation office. Completed applications are assigned to the Executive Director who prepares them for review by the Grant committee. The Committee conducts a thorough review, occasionally meeting with representatives of the requesting organization. Recommendations are made by the Grants Committee to the full Board of Directors who make the final determinations.

Except under unusual circumstances, the deadline date for submitting the application is January 1 for the calendar year the grant will be awarded.

### **GRANT REQUEST GUIDELINES**

\* Unless otherwise provided by terms of a specific gift or devise:

1. Only organizations in the Sandhills area are eligible.
2. The Foundation does not make grants to individuals, for religious purposes or organizations that operate for profit.
3. Proposals from organizations demonstrating broad community support for their proposed programs are given priority consideration.
4. The Foundation as a general policy gives less consideration to applications from tax-supported institutions, veterans and labor organizations, social clubs and fraternal organizations.
5. A grant cannot be used for political purposes.
6. An interim evaluation and/or final report on a funded request may be required by the Foundation.
7. If the requesting organizations is tax exempt, as defined in Section 501 (c ) (3) of the Internal Revenue code, it will provide evidence of such status.
8. If a request is granted, monies will be disbursed only after receiving documentation of actual expenditures.

9. A grant request must have the approval of the governing Board of the requesting organization.
10. Funded organizations purchasing items or services must purchase such items or services in the Sandhills area if practical to do so.
11. The Foundation will not consider more than one application from the same organization in a twelve month period, unless said organization is invited to reapply.
12. When practical to do so, funded organizations are required to install a plaque at the site of the project. The plaque will be provided by the Sandhills Area Foundation.

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Organizations seeking funds from the Foundation are required to supply information requested below and forward to the Foundation office.

1. IRS Tax Exemption Letter or Number (If Available)
2. List of Board of Directors
3. Current Operating Budget (Income & Expense)
4. Latest Financial Statement
5. Six (6 ) copies of Your Request

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APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Address \_\_\_\_\_

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PROJECT TITLE & DESCRIPTION:

Amount requested from Sandhills Area Foundation \$ \_\_\_\_\_  
Anticipated Total Cost of the Project \$ \_\_\_\_\_  
Funding Period: From \_\_\_\_\_ To \_\_\_\_\_  
Sources of Other Funds (Commitments to date, applications, matching funds-In cash/in kind, etc.):

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Budget for the Project:

PURPOSE: What will the project accomplish? What benefits will it provide? What community need does this request meet?

Your type of organizations, and the needs that you meet, primarily fit which of the following classification(s)?

Civic \_\_\_\_\_ Cultural \_\_\_\_\_ Health \_\_\_\_\_ Welfare \_\_\_\_\_  
Educational \_\_\_\_\_ Other (Please Explain)

IMPLEMENTATION: How will this project be accomplished? (Who, what, when, etc.?)

ADDITIONAL FUNDS: How do you propose to raise the other funds necessary for this project?  
Would a grant from the Foundation qualify as a matching fund from any other funding source?

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Does this project require volunteerism?

What type?

How many hours?

Provided by who?

Can it be documented?

**SIZE & DURATION:** How many people are served or affected by this project and for how long?

**COORDINATION & DUPLICATION:** Who else is addressing this need? Are there any coordination efforts between you and them?

**CONTINUATION:** Does this project require continued funding? If so, identify the source of this future funding. Will this project save money in some way?

**EVALUATION:** How will you determine that this project accomplished its goals? (The Foundation may request an update of the project in the future.)

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If you are not able to purchase items or services in the Sandhills area, please list such items or services below and state why they are not able to be purchased in the Sandhills area.

Signatures: (Your Organization)

Staff Officer \_\_\_\_\_ Date \_\_\_\_\_

Board Officer \_\_\_\_\_ Date \_\_\_\_\_