

SANDHILLS AREA FOUNDATION

GRANT APPLICATION

Sandhills Area Foundation (SAF) welcomes grant proposals for projects that improve the quality of life in Cherry County.

GRANT APPLICATION GUIDELINES

1. Only organizations in Cherry County, Nebraska are eligible.
2. SAF does not award grants to individuals, for religious or political purposes or to organizations that operate for a profit.
3. Proposals from organizations demonstrating broad community support are given priority consideration.
4. All grant applications are subject to a SAF Grant Committee review and will be awarded on an objective and nondiscriminatory basis.
5. Funded organizations that are purchasing items or services must purchase them in Cherry County, if practical to do so.
6. If a request is granted, SAF may require a final report, copies of bids and/or receipts relevant to the project before monies are disbursed.
7. Funded organizations are required to display a certificate, provided by SAF, at the site of the project showing SAF support. Grant recipients are required to be available for media coverage and check presentation.
8. Inquiries about the grant application process and completed grant applications may be emailed to sandhillsareafoundation@gmail.com.

**SANDHILLS AREA FOUNDATION
GRANT APPLICATION**

Organization: _____ **Date:** _____

Address: _____ **E-Mail:** _____

City, State, Zip: _____

Primary Contact: _____ **Phone:** _____

Project title and description:

Amount Requested: \$ _____

Total Anticipated Cost of the Project \$ _____

Funding Period: From _____ to _____

Detailed Budget for the project:

Sources of Other Funds (Commitments to date, applications, matching funds – In cash/in Kind, etc.)

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

What will the project accomplish? What benefits will it provide? What Community need does this request meet?

Your organization, and the needs that you meet, primarily fit which of the following classifications? Civic___ Cultural___ Health___ Welfare___ Educational ___ Other ___ (Please explain)

How will this project be accomplished?

**Does this project require volunteers? No Yes If yes, please answer the following.
What type? _____**

How many hours? _____ Provided by who? _____

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How many people will be served or affected by this project and for how long?

Who else is addressing this need? Are there any coordination efforts between you and them?

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

How will you determine that this project accomplished its goals?

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

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please submit these documents with your grant application:

- IRS Tax Exemption Letter or Number, if applicable
- List of Board of Directors
- Applying Organization's Current Operating Budget (Income and Expenses) and latest financial statement
- Two (2) copies of your request or a digital PDF file to: sandhillsareafoundation@gmail.com