

SANDHILLS AREA FOUNDATION

GRANT APPLICATION

SAF has one grant cycle per year, and the application deadline is September 30th. The Grant Committee will review all applications and award grants in December.

1. Only organizations in Cherry County, NE are eligible.
2. Grants will not be awarded to individuals, for religious or political purposes or to organizations that operate for profit.
3. SAF prefers to partially fund projects rather than be the sole source for funding.
4. Nonprofit organizations that support youth programs and demonstrate broad community support will be given priority consideration.
5. All applications will be reviewed by the Grant Committee and will be awarded on an objective and nondiscriminatory basis.
6. Grant recipients are encouraged to purchase goods and services in Cherry County, if practical.
7. If awarded a grant, a report letter, indicating disposition of funds and status of project must be sent to the Foundation within one year following the payment of the grant.
8. Grant recipients are required to display signage, at the site of the project, recognizing SAF support.
9. Grant recipients must be available for media coverage and check presentation.
10. SAF intends to periodically visit, request information or monitor a project.
11. Inquiries about the grant application process and completed grant applications must be emailed to sandhillsareagoundation@gmail.com.

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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