



An Affiliated Fund of the Nebraska Community Foundation

Please submit your completed application to sidneyandgreaterareafund@gmail.com or PO Box 588, Sidney, NE 69162. Final submissions for grants must be delivered by April 1st and October 1st at 5PM. All grant applications must be filled out completely. Grant applications not completed will not be considered.

If your proposal receives funding, a grant reporting form will be required for you to complete. The due date for the grant report will be within 30 days after completion of the project unless prior approval is given by the Sidney And Greater Area Fund Advisory Committee. More details will be provided if funds are awarded.

SAGA Mission Statement

We inspire philanthropic investment of time, talent and treasure to enhance our quality of life.

SAGA Vision Statement

The Sidney And Greater Areas are a welcoming community of growing opportunities to work, learn, play and call home.

SAGA Values - *GROW*

Grit – we support those who are, resourceful and courageous

Responsible – we maintain confidentiality, show integrity and fiscal responsibility

Optimistic – we are open minded, out of the box thinkers, we see the big picture, and are future focused

Welcoming – we are inclusive, collaborative, and accessible to all members of our communities

Transforming dreams into reality!

The Sidney And Greater Area Fund is dedicated to progress and long-term prosperity. A volunteer Fund Advisory Committee works actively to increase charitable giving and award grants to local worthy causes and projects that are addressing emerging needs and future opportunities in our community

Grant Application

Sidney And Greater Area Fund

A. Applicant Organization Information

Organization Name _____

Address/ Zip Code _____

Contact Person and Title _____

Telephone number _____

Email address _____

Check One:

501(c)(3) Organization Please submit copy of IRS Letter of Determination and the signed Certification of Exempt Status found at the end of this application.

Governmental Entity (village, city, county, school district, etc.)

Other – please specify: _____
(Additional information may need to be submitted.)

Has your organization previously received SAGA Funds?

Yes (if yes, please include date) _____

No

B. Budget

Total Project Cost \$ _____

Funds Requested \$ _____

Other Funding Sources and Amounts \$ _____

Please provide an itemized budget for project expenses. Clearly show total funding requested and any matching or in-kind contributions to the project.

C. Project Narrative

Please answer all questions in the order listed using the number and headings provided. Your application narrative may be completed as a separate attachment.

1. *Objective.* State the objective(s) of your proposal and the underlying community need, problem or opportunity addressed by the proposal. Include photos, files, quotes - give an idea even if not exactly what purchasing.
2. *Population Served.* Who and how many are served. Include as much information as possible, such as numbers, location, socio-economic status, ethnicity, gender, age, physical ability and language.
3. *Effect.* State the anticipated outcome(s) and the effect on the need, problem or opportunity.
4. *Collaboration.* Discuss partnerships with other agencies and organizations.
5. *Planning.* Include key dates, activities, and actions.
6. *Follow Up:* Please list the point of contact for follow up, pictures and updates.



CERTIFICATION OF EXEMPT STATUS

I have attached the Organization's most recent letter from the Internal Revenue Service specifying that the Organization is a tax exempt public charity under section 501(c)(3) of the Internal Revenue Code.

I certify that neither the Organization's exemption nor its public charity status has been revoked, nor has IRS questioned either said exemption or public charity status, nor has the Organization engaged in any activities that would jeopardize either its exemption or its public charity status.

In the event that the Organization's exemption or public charity status are revoked, questioned by the IRS or anything is done to jeopardize that status, the Organization will notify the Nebraska Community Foundation immediately.

Name of Applicant Organization

Signature

Printed Name

Title (in relation to applicant organization)

Date