

Boone County Foundation Fund  
*An affiliated fund of the Nebraska Community Foundation*  
P.O. Box 66  
Albion, NE 68620

**A. Applicant Organization Information**

Organization Name \_\_\_\_\_

Address/ Zip Code \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax \_\_\_\_\_

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, etc.)
- Other – please specify: \_\_\_\_\_  
*(Additional information may need to be submitted.)*

Proposal Title \_\_\_\_\_

**B. Budget Summary for This Proposal**

1. Applicant's funds, if any \$ \_\_\_\_\_

**2. Amount of this request** \$ \_\_\_\_\_

3. Amount of other *confirmed* requests, if any \$ \_\_\_\_\_

4. Amount of other *pending* requests, if any \$ \_\_\_\_\_

5. Amount of funding *not yet applied for*, if any \$ \_\_\_\_\_

6. **Total** income (1 + 2 + 3 + 4 + 5 = 6) \$ \_\_\_\_\_

7. **Total** cost for proposed activity \$ \_\_\_\_\_

8. Balance: (6 – 7 = 8) \$ \_\_\_\_\_

Explain positive or negative balances:

Applicant Organization Name \_\_\_\_\_

Proposal Title \_\_\_\_\_

### **C. Proposal Summary**

*Please respond to the following questions. It is acceptable for answers to fit on this single page, or to attach a document with responses not more than two pages in length.*

*Please note that this cover sheet may be shared with NCF, donors, or BCFF advisory committee members.*

#### **Summary of Proposed Work**

*If your organization is **not** a 501(c)(3) organization or governmental entity, your summary should include an explanation of why the proposed work is a charitable activity.*

*This statement can include things such as the project objectives, any partnerships with other agencies or organizations, a work plan for the proposal, and the leadership expected to execute this proposal.*

#### **Statement of Need**

Describe why this work is important to undertake at this particular time.

*This statement can include the populations which will be served by the project, such as; numbers, location, socio-economic status, ethnicity, gender, age, physical ability and language.*

#### **Results**

Describe the outcome or effect that is expected in undertaking this proposal.

*This statement can include measurable effects of the proposal, and ways in which those effects will be evaluated.*

*This statement can address how the proposal will impact the quality of life in Boone County.*



#### **D. Submission**

Applications should be submitted in full by February 4, 2019.

All applications must be electronically submitted. Applications must be received by 11:59 pm February 4, 2019. Please email all relevant documents to [info@boonecountyfoundation.com](mailto:info@boonecountyfoundation.com)

Questions regarding this application should be directed to grant committee chair,  
Bev Schuele:

[info@boonecountyfoundation.com](mailto:info@boonecountyfoundation.com)  
402-910-1352

*The Boone County Foundation Fund advisory committee reserves the right to request additional information regarding any application proposals.*



### **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.

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Name of Applicant Organization

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Signature

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Printed Name

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Title (in relation to applicant organization)

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Date