



Send To: PO Box 35 Loup City NE 68853 Or E-Mail To: sccf56@outlook.com

## Anytime Give Program Application

Name of Person Completing Application: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Applicant's Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Fed ID # \_\_\_\_\_

Date(s) of Fundraising Event: \_\_\_\_\_ Total project costs: \_\_\_\_\_

Brief Description of Fundraising Event:

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***\*Please describe your project on a separate sheet of paper, with breakdown of estimated costs. Include why the project is needed and timeframe for completion of the project.***

**How do you plan to publicize 1) the event and 2) your partnership with the Foundation on this event:**

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**Amount of Matching Funds Requested** \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date Submitted: \_\_\_\_\_ Date Project Completed and Funds Awarded: \_\_\_\_\_

Total Project Funds Raised: \$ \_\_\_\_\_ Amount of Matching Funds Awarded: \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_