



COMMUNITY IMPACT GRANT APPLICATION

ORGANIZATION NAME _____

MAILING ADDRESS _____

PHONE # _____ EMAIL ADDRESS _____

WEBSITE ADDRESS (if applicable) _____ FEDERAL ID # _____

CONTACT PERSON _____ POSITION _____

PROJECT NAME _____

FUNDING AMOUNT REQUESTED _____ TOTAL PROJECT COST _____

PROJECT NARRATIVE—Please respond to the following items in a separate attachment:

1. DESCRIPTION OF YOUR ORGANIZATION
2. DESCRIPTION OF YOUR PROJECT, WHY IT'S NEEDED, AND WHEN IT WILL BE COMPLETED
3. PROVIDE A BUDGET FOR THE PROJECT. HOW WILL THE REQUESTED FUNDS BE USED?
4. HOW WILL YOU OBTAIN ADDITIONAL FUNDING FOR THE PROJECT, IF NECESSARY?
5. HOW WILL YOU PROMOTE THE PROJECT AND SOURCES OF FINANCIAL SUPPORT?

AUTHORIZED SIGNATORY OF ORGANIZATION

DATE

Please mail completed grant application (this cover page and narrative attachment) to:

**SHERMAN COUNTY COMMUNITY FOUNDATION
PO BOX 35
LOUP CITY NE 68853-0035**

Or scan and email a copy of the grant application (this cover page and narrative attachment) to:

sccf56@outlook.com

*An organization can be awarded only one grant per calendar year or per discretion of the Foundation.