

SANDHILLS AREA FOUNDATION GRANT GUIDELINES

Sandhills Area Foundation (SAF) welcomes grant proposals for projects that improve quality of life in Cherry County

GRANT REQUEST GUIDELINES

1. Only organizations in Cherry County, Nebraska are eligible.
2. SAF does not make grants to individuals, for religious or political purposes, or to organizations that operate for a profit.
3. Proposals from organizations demonstrating broad community support are given priority consideration.
4. All grant applications are subject to a Sandhills Area Foundation Grant Committee review and will be awarded on an objective and nondiscriminatory basis.
5. Funded organizations purchasing items or services must purchase such items or services in the Sandhills area if practical to do so.
6. If request is granted, SAF may require a final report, copies of bids and/or receipts relevant to the project before monies are disbursed.
7. Funded organizations are required to display a certificate, provided by SAF, at the site of the project showing SAF support. Grant recipients are required to be available for media coverage and the check presentation.
8. Inquiries about the grant application process and completed grant applications may be emailed to: info@sandhillsareafoundation.com

SANDHILLS AREA FOUNDATION GRANT APPLICATION

Sandhills Area Foundation (SAF) welcomes grant proposals for projects that improve quality of life in Cherry County

Organization: _____ Date: _____

Primary Contact: _____

Address _____

City, State, Zip _____ County: _____

E-Mail Address: _____ Phone: _____

PROJECT TITLE & DESCRIPTION:

Amount Requested \$ _____

Anticipated Total Cost of the Project \$ _____

Funding Period: From _____ to _____

Sources of Other Funds (Commitments to date, applications, matching funds – In cash/in Kind, etc.)

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BUDGET: What is your budget for the project?

PURPOSE: What will the project accomplish? What benefits will it provide? What Community need does this request meet?

Your type of organization, and the needs that you meet, primarily fit which of the following classifications?
Civic____ Cultural____ Health____ Welfare____ Educational ____ Other ____ (Please explain)

IMPLEMENTATION: How will this project be accomplished?

ADDITIONAL FUNDS: How do you propose to raise the other funds necessary for this project? Would a grant from the Foundation qualify as a matching fund from any other funding source?

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VOLUNTEERISM: Does this project require volunteerism? If so, please list what type, how many hours and who will do the volunteering.

SIZE AND DURATION: How many people are served or affected by this project and for how long?

COORDINATION AND DUPLICATION: Who else is addressing this need? Are there any coordination efforts between you and them?

CONTINUATION: Does this project require continued funding? If so, identify the source of this future funding. Will this project save money in some way?

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EVALUATION: How will you determine that this project accomplished its goals?

If you are not able to purchase items or services in the Sandhills area, please list such items or services below and state why they cannot 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 SAF Grant Application

1. IRS Tax Exemption Letter or Number (If Applicable)
2. List of Board of Directors
3. Applying Organization's Current Operating Budget (Income and Expense) and Latest Financial Statement

Submit Application and additional documents by email to: info@sandhillsareafoundation.com