

Lincoln/Lancaster County Grantmakers Common Application Form

(10/5/2009)

We have developed a Common Application Form to simplify the grant process and help you clarify your proposal. **Because each grantmaker is governed by its own board and maintains its own guidelines, priorities, and deadlines, it is important to contact each for specific requirements before submitting an application.**

Please use a computer or typewriter to prepare this form. **Provide the information in the order requested, and number and restate the headings.** Submit the number of copies required by each grantmaker. Do not put proposals in binders, notebooks or other presentation packages. Please do not send additional materials (articles, brochures letters, etc.) unless they contribute in an important way to our understanding. Call, write, fax or e-mail if you have questions.

Abel Foundation

Ross McCown, Vice President
1815 Y Street
Lincoln, NE 68508
Phone (402) 434-1212 *Fax* (402) 434-1799
rossm@nebcoinc.com

Building Strong Families Fund

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Lincoln, NE 68503
Phone (402) 476-4364 *Fax* (402) 476-4358
ddaily@buildingstrongfamiliesfoundation.org
bbrasch@buildingstrongfamiliesfoundation.org
www.buildingstrongfamiliesfoundation.org

Cooper Foundation

Art Thompson, President
Victoria Kovar, Program Officer
870 Wells Fargo Center, 1248 O Street
Lincoln, NE 68508
Phone (402) 476-7571 *Fax* (402) 476-2356
art@cooperfoundation.org
victoria@cooperfoundation.org
www.cooperfoundation.org

Duncan Family Trust

Vickie A. Smith
P.O. Box 81887
Lincoln, NE 68501
Phone (402) 479-8103 *Fax* (402) 479-1628
vickie.smith@duncanaviation.com
www.duncanfamilytrust.org

Lincoln Community Foundation, Inc.

Cindy Devoe, Vice President for Community
Advancement
215 Centennial Mall South, Rm. 100
Lincoln, NE 68508
Phone (402) 474-2345 *Fax* (402) 476-8532
cindyd@lcf.org
www.lcf.org

Foundation for Lincoln Public Schools

Barbara Bartle, Executive Director
5901 O Street
Lincoln, NE 68510
Phone (402) 436-1612 *Fax* (402) 436-1692
bbartle@lps.org
www.FoundationForLPS.org

Woods Charitable Fund, Inc.*

Pam Baker, Executive Director
Tom Woods, Program Officer
Angie Zmarzly, Program Associate
1440 M Street
P.O. Box 81309
Lincoln, NE 68501
Phone (402) 436-5971 *Fax* (402) 436-4128
pbaker@woodscharitable.org
twoods@woodscharitable.org
azmarzly@woodscharitable.org
www.woodscharitable.org

*Woods Charitable Fund uses a web-based system to receive all grant applications. Although its application questions are taken from the Common Application Form, slight changes in wording and formatting exist. Please contact the Fund to access the application system.

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Follow this format, and number and restate the headings.

Foundation Applied To: _____
Application Date: _____
Organization's Federal Tax I.D. Number: _____

I. ORGANIZATIONAL INFORMATION

Provide the following information in two pages using this format.

A. Organization Name _____
(List fiscal agent for collaborations)

B. Address/9-digit Zip Code _____

C. Website _____

D. Chief Executive Officer _____

D.1. Telephone number _____ D.2. Fax _____

D.3. Email address _____

E. Contact Person and Title _____
(If other than the Chief Executive)

E.1. Telephone number _____ E.2. Fax _____

E.3. Email address _____

F. Purpose of Request
A brief summary of the amount requested and its purpose. Limit it to this space.

(Signature of Chairperson of the Board)

(Signature of the Chief Executive Officer)

Consult individual grantmakers' guidelines and instructions.

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G. Budget Summary for This Proposal

- | | |
|---|----------|
| 1. Applicant's Funds, if any | \$ _____ |
| 2. Amount of This Request | \$ _____ |
| 3. Amount of Other <i>Confirmed</i> Requests, if any | \$ _____ |
| 4. Amount of Other <i>Pending</i> Requests, if any | \$ _____ |
| 5. Total Income (1 + 2 + 3 + 4 = 5) | \$ _____ |
| 6. Total Expense | \$ _____ |
| 7. Balance: (5 – 6 = 7)
(Explain positive or negative balances under II. B.2.) | \$ _____ |

H. Income & Expense Summaries for the Organization

	Last Fiscal Year Ending ____/____/____	Budget: Current Fiscal Year Ending ____/____/____
(1)Income	\$ _____	\$ _____
(2)Expense	\$ _____	\$ _____
(3)Net	\$ _____	\$ _____
(4)Net Assets	\$ _____	

Instructions for completing I.H. above:

	Last Fiscal Year: Use your Audit for:	Current Budget: Use your current budget for:
(1)Income	Total revenues and other support	Income
(2)Expense	<u>Total expenses</u>	<u>Expense</u>
(3)Net	Positive or negative balance	Positive or negative balance
(4)Net Assets	Net assets, end of year If you have no audit, use your IRS Form 990, Part I, lines 12, 17, 18 and 21.	

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II. PROPOSAL NARRATIVE: 10 Pages Maximum. Clarity and brevity are encouraged.

A. FUNDING REQUEST

1. *Amount Requested*
2. *Objective*.....State the objective(s) and the underlying need, problem or opportunity.
3. *Population Served*...Include as much information as possible, such as numbers served, location, socio-economic status, ethnicity, gender, age, physical ability and language.
4. *Effect*.....State the anticipated effect on the need, problem or opportunity.
5. *Partnerships*.....Discuss partnerships with other agencies, if applicable.
6. *Work Plan*.....Include key dates and actions.
7. *Evaluation Plan*.....State how proposed objective(s), activities and outcome(s) will be evaluated.
8. *Leadership*.....List those who will direct and evaluate the project and their qualifications.
9. *Diversity*.....State the impact of your project on diversity, if applicable.

B. FINANCIAL PLAN

1. *Project Budget*.....List expenses, sources & amounts of income, including this request, and their status (confirmed, pending, anticipated, not yet applied for). Should agree with Item I.G.
2. *Positive or Negative Balance*.....Discuss any balances shown under I.G.7. on page 2 and your plans for raising funds or using a surplus.
3. *Development Plan*...Outline your plan for funding this proposal now and in the future.
4. *Timing*.....State when funding would be needed.

C. BACKGROUND OF THE ORGANIZATION

1. *History & Mission*...A brief description.
2. *Programs*.....Key programs not otherwise included in this application.
3. *Board & Staff*.....Number and composition (ethnicity-gender) of each group.

III. REQUIRED SUPPORTING MATERIAL

A. IRS FORM 990.....For the most recent complete fiscal year. Include Schedule A. (If you do not file with the I.R.S., indicate why.)

B. AUDIT.....For the most recent complete fiscal year. (If your statements are not audited, indicate why and submit your income and expense statement for the most recent complete fiscal year.)

C. OPERATING

BUDGET.....For your current fiscal year and the year for which support is requested, if different (include sources and amounts of income for all years).

D. INCOME/EXPENSE

STATEMENT.....For the current period.

E. BOARD OF

DIRECTORS.....Include addresses, phone numbers and affiliations.

F. IRS EXEMPTION

LETTER.....Provide the most recent letter confirming your agency's tax exempt status.

Please do not include additional materials (articles, brochures, letters, etc.) unless they will contribute in an important way to our understanding of the proposal.

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