



## Grant Application

NAME OF ORGANIZATION: \_\_\_\_\_

PERSON TO CONTACT: \_\_\_\_\_ TITLE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Type of Grant requested (Select one – see website for descriptions):**

General      Capital      Mini      Urgent

Dollar amount requested from the HCF      \$ \_\_\_\_\_

Total cost of the proposed project/program      \$ \_\_\_\_\_

**Is the organization recognized as a non-profit 501C3 corporation in Nebraska?**

Yes     No    EIN # \_\_\_\_\_

**Briefly describe the applicant organization, its programs and population served:**

**Briefly describe the project/program for which you are seeking funds and how it meets one of the HCF funding priorities:**

**Please provide information about the other funders/resources to which you have applied for funding for this project and for what amount(s). Also, please describe how you would secure full funding in the event that HCF is only able to partially fund your request.**

---

**Signature of Administrator**

---

**Date**

Please see [hastingscommunityfoundation.org/grants](http://hastingscommunityfoundation.org/grants) for full grant requirements and additional information.

You may use additional pages, as needed. Please email [hcf@hastings.foundation](mailto:hcf@hastings.foundation) with completed application materials.

You will receive confirmation once your grant has been received by email. Please call (402) 462-5152 with any questions.