



Office Use Only
Priority score:

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 \$ _____

Percentage of requested amount that will be applied to indirect program expenses (overhead, staffing, national office, etc.): _____%

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 the HCF funding priorities:

Identify how you plan to evaluate success and (if applicable) sustain your request.

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

Updated grant terms and requirements available at: hastingscommunityfoundation.org/grants

Completed application and supporting documents should be emailed to: hcf@hastings.foundation
You will receive confirmation once your grant has been received. Please call us at (402) 462-5152 with any questions.