

**FILLMORE COUNTY FOUNDATION
GRANT APPLICATION**

APPLICANT: _____
(Name of Organization)

ADDRESS: _____
(Mailing Address) (Community) (Zip Code)

CONTACT PERSON: _____
(Name) (Title) (Phone Number)

GENERAL CLASSIFICATION OF APPLICANT (Check One):

- | | | |
|---|--|--|
| ☐ Senior Citizen | ☐ Scholarship | ☐ Other - Specify |
| ☐ Recreational | ☐ Social Welfare | _____ |
| ☐ Educational | ☐ Character Building/
Physical Improvement | _____ |
| ☐ Cultural | | |
| ☐ Substance Abuse Programing | | |

PROPOSED USE OF FUNDS APPLIED FOR (Be Specific): _____

PRIMARY SOURCE OF FUNDING FOR PROJECT/PROGRAM: _____

	<i>AMOUNT</i>	<i>PERCENT</i>
FUNDS AVAILABLE AND/OR PLEDGES RECEIVED:	\$ _____	()
	+	
AMOUNT OF THIS REQUEST FOR GRANT:	\$ _____	()
	+	
BALANCE REQUIRED TO TOTALLY FUND PROJECT/PROGRAM:	\$ _____	()
TOTAL AMOUNT REQUIRED FOR PROJECT/PROGRAM:	\$ _____	(100%)

ANTICIPATED SOURCE OF BALANCE REQUIRED: _____

NUMBER OF PERSONS SERVED ANNUALLY BY APPLICANT (If applicable): _____

NUMBER OF PERSONS TO BENEFIT DIRECTLY FROM PROJECT/PROGRAM (If applicable): _____

WE WILL SUPPLY A PICTURE AND WRITE-UP OF THE PROJECT: ____ yes ____ no

Name of Applicant: _____

Date: _____ **By:** _____

Title: _____

Application Submission:

Return to: Fillmore County Foundation Grant Committee
c/o Heartland Bank Trust Department
PO BOX 313, Geneva, NE 68361
Email: lls@myhbank.com or bbowman@myhbank.com