

# Lincoln/Lancaster County Grantmakers

## Common Application Form

(9/9/2010)

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.

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### Abel Foundation

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### Duncan Family Trust

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### Lincoln Community Foundation, Inc.

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### Foundation for Lincoln Public Schools

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### Woods Charitable Fund, Inc.\*

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\*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.

# Lincoln/Lancaster County Grantmakers Common Application Form. (9/9/2010)

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.*

# Lincoln/Lancaster County Grantmakers Common Application Form (9/9/2010)

Follow this format, and number and restate the headings.

## 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. Amount of funding <i>Not Yet Applied</i> , if any                              | \$ _____ |
| 6. <b>Total</b> Income (1 + 2 + 3 + 4 + 5 = 6)                                    | \$ _____ |
| 7. <b>Total</b> Expense   | \$ _____ |
| 8. Balance: (6 – 7 = 8)<br>(Explain positive or negative balances under II. B.2.) | \$ _____ |

## H. Income & Expense Summaries for the Organization

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

### Instructions for completing I.H. above:

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

*Consult individual grantmakers' guidelines and instructions.*

# Lincoln/Lancaster County Grantmakers Common Application Form (9/9/2010)

Follow this format, and number and restate the headings.

## **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*...Who and how many are served. Include as much information as possible, such as numbers, location, socio-economic status, ethnicity, gender, age, physical ability and language.
4. *Effect*.....State the anticipated outcome(s) and the effect on the need, problem or opportunity.
5. *Partnerships*.....Discuss partnerships with other agencies, if applicable.
6. *Work Plan*.....Include key dates, activities, and actions.
7. *Evaluation Plan*.....State how proposed objective(s), activities and outcome(s) will be evaluated.
8. *Leadership*.....List those who will implement, supervise, 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 sources & amounts of income, including this request, and their status (confirmed, pending, not yet applied for), and detailed expenses. Should agree with Item I.G.
2. *Positive or Negative Balance*.....Discuss any balances shown under I.G.8. 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 and balance sheet 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 FINANCIAL**

**REPORT**.....For the current period. Include income/expense statement and balance sheet.

### **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.**