SHERMAN COUNTY COMMUNITY FOUNDATION, INC.
GRANT APPLICATION

P. O. Box 310, Loup City, NE 68853

DATE: _____
NAME OF ORGANIZATION: _____
CONTACT PERSON: _____
ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF PROJECT: _____

GRANT FUNDS REQUESTED: _____

TOTAL COST OF PROJECT: _____

HOW WILL BALANCE OF PROJECT BE FUNDED _____

EXPECTED COMPLETION DATE: _____

ORGANIZATION TO WHOM FUNDS SHOULD BE DISPERSED
(MUST BE GOVERNMENT ENTITY OR 501(C)(3) ORGANIZATION)

_____

PLEASE ATTACH ANY OTHER INFORMATION WHICH MAY HELP EXPLAIN YOUR PROJECT

FOUNDATION USE ONLY	
APPROVED	☐
NOT APPROVED	☐