

GRANT APPLICATION FORM

☑ P.O. Box 483 Kimball, NE 69145

☐ KimballAreaFoundationFund.org

☑ kimballareafoundation@gmail.com

An Affiliated Fund of Nebraska Community Foundation	kimballarealbundation@gmail.com
DATE \$	AMOUNT REQUESTED
NAME OF ORGANIZATION OR PROJECT FOR WH	ICH FUNDS ARE BEING REQUESTED
FEDERAL TAX ID# (IF APPLICABLE) CONTAC	T NAME
MAILING ADDRESS	CITY, STATE, ZIP
E-MAIL	PHONE
PLEASE STATE THE PURPOSE OF YOUR ORGAN STATEMENT/S). PLEASE GIVE A BRIEF SUMMA DETAIL AS POSSIBLE.	RY OF THE REQUEST AND ITS PURPOSE IN AS MUCH
PROJECT BUDGET:	
TROJECT BODGET.	

DESCRIBE THE INTENDED BENEFITS OF THE PROPOSED PROJECT AND WHAT IMPACT IT WILL HAVE ON OUR AREA:	
PUBLICITY/CREDIT:	
THIS GRANT IS DESIGNED TO BE A PARTNERSHIP WITH YOUR ORGANIZATION. HOW WILL YOUR ORGANIZATION PROMOTE THE KIMBALL AREA FOUNDATION FUND (I.E. ACKNOWLEDGE AS A SPONSOR, LIST ON FLYERS, ANNOUNCEMENTS, SIGNAGE, ADVERTISING)? WHAT IS THE TIME LINE FOR THE CHOSEN PUBLICITY/CREDIT? A DOWNLOADABLE FILE OF THE KAFF LOGO IS AVAILABLE.	
THE OPPORTUNITY FOR PRESENTATION OF THE GRANT AND PHOTOGRAPHS IS STRONGLY ENCOURAGED AND APPRECIATED.	
PLEASE PROVIDE PHOTOGRAPHS OR FLYERS FOR KIMBALL AREA FOUNDATION FUND HISTORY.	
PHOTOS FLYERS OTHER	
APPLICATION SUBMITTED BY (PLEASE PRINT)	
APPLICANT'S PHONE APPLICANT'S EMAIL	

SIGNATURE & TITLE

Applications will be reviewed at the regular meetings. Grants will be awarded following the guidelines of the Kimball Area Foundation Fund and Nebraska Community Foundation. KAFF will notify your organization of their decision on your request. Acceptance of the grant funds from the Kimball Area Foundation Fund constitutes agreement with any and all policies, procedures and conditions.