**TRI-COMMUNITY FOUNDATION, INC. GRANT REQUEST GUIDELINES:**

1. Only organizations in the communities of Clarks, Hordville or Polk or organizations serving the communities of Clarks, Hordville or Polk residents are eligible.

2. Tri-Community Foundation, Inc. will not fund projects or programs that have already been completed.

3. Grant requests submitted prior to a project or the beginning of an organization’s program year will receive stronger consideration than a project or program that has already started.

4. The Tri-Community Foundation, Inc. does not make grants to individuals, for political purposes, for religious purposes, School Districts or organizations that operate for profit. Organizations of the school district are eligible for grants (examples: FFA, FCCLA, Cheerleaders)

5. Proposals from organizations demonstrating broad community support for their proposed programs are given priority consideration.

6. An interim evaluation and/or final report on a funded request may be required by the Tri-Community Foundation Inc.

7. If the requesting organization is tax exempt, as defined in Section 501(c)(3) of the Internal Revenue Code, the organization requesting money will provide evidence of such status.

8. If a request is granted, monies will be disbursed only after receiving documentation of actual expenditures.

9. Applications may be submitted from **April 1, 2018 through May 31, 2018.**

10. A grant request must have the prior approval of the governing Board of the requesting organization.

11. The Tri-Community Foundation, Inc. will not consider more than one application from the same organization in a twelve-month period, unless a waiver is approved by the Tri-Community Foundation, Inc. Board of Directors.

12. Note: a thorough project description and complete budget must be attached with the coversheet information.

13. All grant material may be sent to: Tri-Community Foundation, Inc.

 P.O. Box 86

 Polk, NE 68654

**Tri Community Foundation**

**GRANT APPLICATION COVER SHEET**

**Date of Application**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Organization Applying:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Organization** (*example sports, community, educational, etc*.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Current Operating Budget:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Grant** *(please attach a separate sheet with a thorough description for the project*. *What will this project accomplish? What benefits will it provide? What community need does this request meet? How many people are served or affected by this project and for how long? What community or communities will be served by this project? How will the project be evaluated to assess if project’s goals were met?)*

**Dates of the Projec**t: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount of Grant Requested** *(please attach a detailed budget for this project)***:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*3(amounts awarded are limited according to Tri-Community Foundation, Inc. By-laws)*

**Total Project Cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature, Contact Person Date**

***For Tri Community Foundation use only***

***Date reviewed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Approved \_\_\_\_\_\_Declined \*\* Amount Approved $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***