

**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/  
 Cultural                                  Physical Improvement  
 Substance Abuse Programing

**PROPOSED USE OF FUNDS APPLIED FOR (Be Specific):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIMARY SOURCE OF FUNDING FOR PROJECT/PROGRAM:** \_\_\_\_\_  
 \_\_\_\_\_

	<i>AMOUNT</i>	<i>PERCENT</i>
<b>FUNDS AVAILABLE AND/OR PLEDGES RECEIVED:</b>	\$ _____	(     )
	+	
<b>AMOUNT OF THIS REQUEST FOR GRANT:</b>	\$ _____	(     )
	+	
<b>BALANCE REQUIRED TO TOTALLY FUND PROJECT/PROGRAM:</b>	\$ _____	(     )
<b>TOTAL AMOUNT REQUIRED FOR PROJECT/PROGRAM:</b>	\$ _____	(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 deadline: Wednesday, February 28, 2018**

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