

Grant Application



Information

Organization: _____ Date: _____

501(c)(3): Yes No Tax ID: _____ Governmental Entity: Yes No

Address: _____
Street or PO Box City State Zip

Contact Person: _____
Name Title

Phone Number Email

Project/Program

Name of Project/Program: _____

Grant Request from Legacy Fund: \$_____

Total Projected Cost of Project/Program: \$_____

Other Anticipated Sources of Funding: _____

On a Separate Page, Describe the Project/Program -- Include the purpose, the intended outcome, why the project/program is necessary, the number of people expected to take part or benefit, the timeline, and how a Legacy Fund Grant will be used. **PLEASE LIMIT EXPLANATION TO ONE PAGE.**

Submit via email: waynearealegacyfund@gmail.com

Submit via mail: Wayne Area Legacy Fund, PO Box 163, Wayne, NE 68787

For Committee Use Only

Date Approved: _____ Amount Approved: _____ Date Notified: _____

FAC Member Assigned: _____ Date of Photo Presentation: _____

Reason for Denial: _____