



## PROJECT GRANT APPLICATION

Proposals should be sent electronically to [info@bcchp.org](mailto:info@bcchp.org) by deadline issued in the RFP. Appendices can be mailed along with one original copy of the proposal to Resource Committee, Buffalo County Community Partners, PO Box 1466, Kearney, NE 68848. Please allow 60-90 days for the processing of your application. Your proposal text should not exceed 10 consecutively numbered double-spaced pages. Your proposal text should address all of the following:

1. Mission statement and brief history of applicant organization not to exceed one paragraph.
2. Concise description of the project to include a statement of how it will address specific Buffalo County Community Partners' goal(s); clearly identifying which goal(s) funding is requested to impact. See web site [www.bcchp.org](http://www.bcchp.org) for more information on goals.
3. Will this project employ one or more environmental strategies to impact the previously described Partner's goals? If yes, please describe. See web site [www.bcchp.org](http://www.bcchp.org) for more information on environmental change strategies.
4. Is this program/service currently offered by other organizations? If so, what unmet need does this program/service address and how will coordination be achieved? Which organizations are you collaborating with for this program/service? Describe the collaboration.
5. Concise description of how you will implement the program and the outcomes to be achieved.
6. How will your progress and outcomes be measured/evaluated?
7. What is the total budget for the proposed program/project?
8. Identify other financial sources being sought for this proposed program. Please note that the Partners are not generally the sole source of proposed project funding.
9. If appropriate, what plans are there for securing continued support for this program after the conclusion of Partners' funding?

### **Budget**

Please complete the attached budget form and include a one-page budget detail explanation.

### **Appendices**

The appendices are in addition to the proposed text and include:

1. Proof of 501(c) 3 status of applicant or fiduciary agent.
2. Organization's administrative structure
3. Names, addresses and principle occupation of organization's officers, directors and/or trustees (if applicable)
4. Names and qualifications of the person who will coordinate/oversee the program
5. Letters from the collaborating organizations that describe the collaboration. (These are not letters of support. The intent is to have each participating organization outline their role in the proposed program/services).

The Resource Committee of the Buffalo County Community Partners is available to answer questions and offer assistance with the preparation of your proposal.

**PROJECT GRANT APPLICANT COVER PAGE  
BUFFALO COUNTY COMMUNITY PARTNERS**

1. Name of Proposed Program/Project: \_\_\_\_\_

2. Applicant Name: \_\_\_\_\_

\_\_\_\_\_  
*If applicant is not a 501 (c) 3 or a governmental entity, please also note the name of the fiduciary organization on this line.*

3. Federal Identification Number: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

5. Type of Organization: (Check one)  
 Private, not-for-profit    Public, not-for-profit    Neighborhood    For profit

6. Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

7. Names of Collaborating Organizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Target Population to be Served: \_\_\_\_\_

9. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

10. Grant Amount Requested: \_\_\_\_\_

11. Specific Partners' Goal(s) being addressed and brief project description:

12. Environmental Strategies used in grant project:

Have you attended a Community Partners Goal Work Group Task Force Meeting related to your goal area(s)?    yes    no \_\_\_\_\_

The applicant hereby assures this request has been reviewed by the organization's governing body and that body has authorized submission of a proposal; and that the organization intends to provide services according to the information contained in this request if selected and funded to do so.

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed name of Certifying Official

PROGRAM BUDGET:

BEGINNING DATE:

ENDING DATE:

NAME OF PROPOSED PROGRAM/PROJECT:

CONTACT PERSON AND TITLE:

INSTRUCTIONS: Complete the cost categories listed below. Attach budget detail explanation for each cost category to the Program Budget. Please identify other sources of funding in the budget detail.

<b>COST CATEGORY</b>	<b>COMM PARTNERS</b>	<b>OTHER</b>	<b>IN KIND</b>	<b>TOTAL BUDGET</b>
WAGES				
FRINGE BENEFITS (employer's share)				
CONSULTANTS AND CONTRACT SERVICES				
TRAVEL				
SPACE COSTS (i.e., rent, utilities, etc.)				
CONSUMABLE SUPPLIES (i.e., phone, postage, printing, stationary, etc.)				
EQUIPMENT				
OTHER COSTS (i.e., advertising, etc.)				
<b>TOTAL COSTS:</b>				