

FUND FOR OMAHA

THIS INFORMATION IS PROVIDED FOR PLANNING PURPOSES ONLY. PLEASE NOTE THAT APPLICATIONS MUST BE SUBMITTED THROUGH THE ONLINE FORM ON THE OMAHA COMMUNITY FOUNDATION'S WEBSITE (WWW.OMAHAFUNDATION.ORG) UNDER "FOR NONPROFITS."

1. COVER PAGE

- Application Date
- Federal Tax ID #
- Organization Type
- Agency Focus
- Year agency (or program) started operating
- Greatest Need (choose **one**: capacity building, operating, or program)
- Program Focus
- Please give no more than a 500-character summary of request
- Dollar Amount Requested
- Total Project Cost
- What was the last Fund for Omaha grant your agency received?
- Fiscal agent contact information, if applicable

2. GRANT APPLICATION

In the following section, there is a maximum of 1000 characters allowed for each answer. We recommend the following process:

- Compose your answers in a word-processing document*
 - Do a character count (under "Review" or "Tools," then "Word Count"). Make edits if your answer exceeds the number of characters (including spaces) allowed.*
 - Use spell check*
 - Then copy and paste your answers into the online form.*
- Organizational description: A brief description of your organization. (1000 characters)
 - Description of Greatest Need: A description of the Greatest Need facing your organization right now and why it is the top priority for you. (1000 characters)
 - Strategies: Actions you will take to address the Greatest Need. (1000 characters)
 - Expected results: How would the fulfillment of your Greatest Need affect your agency, the people it serves, and our community? (1000 characters)
 - Evaluation of the program: How will you know if the Greatest Need is met successfully? (1000 characters)



Omaha Community
Foundation

Let good grow.

- Sustainability: Is this a one-time or ongoing Need? If ongoing, how will you continue to address it in the future beyond the grant period? (1000 characters)
- Similar organizations or programs: List some other organizations that offer similar services. Discuss how services are coordinated and if any gaps remain. (1000 characters)

The following section asks about the population your organization currently serves.

- How many clients does your organization serve in a year?
- How many clients would this grant serve?

Please enter what percentage of your clients are in each of the following identity groups (must add up to 100%):

- African American Clients
- Asian American Clients
- Caucasian Clients
- Latino/Latina Clients
- Native American Clients
- Asian Clients
- African Clients
- Other Client Type and percentage

Check all of the populations that your organization currently serves (choose all that apply)

- Immigrants
- Refugees
- Gay/lesbian
- Disabled Veterans
- Early childhood
- Youth/Adolescents
- Young adults
- Senior citizens
- Girls
- Boys
- Women
- Men
- Transgender
- Low socioeconomic status

Check your organization's geographic areas of service (choose all that apply)

- Omaha Metro area
- Midtown Omaha
- North Omaha
- South Omaha

- West Omaha
- Douglas County, Nebraska
- Sarpy County, Nebraska
- Greater Nebraska

3. FINANCIAL INFORMATION

Organizational Income (current fiscal year ending)

Source	
Government grants & contracts (Local State & Federal)	\$
Pending requests from foundations. Please specify amounts and funders of pending requests.	\$
Confirmed requests from foundations. Please specify amounts and funders of confirmed requests	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Membership and fee income	\$
Investment income	\$
In-Kind	\$
Other (please specify)	\$
TOTAL	\$

Organizational Expenses (current fiscal year)

Item	
Salaries & wages (%FT/PT)	\$
Insurance, benefits, and related taxes	\$
Consultants and professional fees	\$
Travel	\$
Equipment	\$
Supplies	\$
Printing and copying	\$
Telephone and internet service	\$
Postage	\$
Rent and utilities	\$
Depreciation	\$
In-Kind	\$
Other (please specify)	\$
TOTAL	\$

Greatest Need Project Budget: Income

Source	
Government grants & contracts (Local, State & Federal)	\$
Pending requests from foundations. Please specify amounts and funders of pending requests.	\$
Confirmed requests from foundations. Please specify amounts and funders of confirmed requests	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Membership and fee income	\$
Investment income	\$
In-Kind	\$
Other (please specify)	\$
TOTAL	\$

Greatest Need Project Budget: Expenses

Item	
Salaries & wages (%FT/PT)	\$
Insurance benefits	\$
Consultants and professional fees	\$
Travel	\$
Equipment	\$
Supplies	\$
Printing and copying	\$
Telephone and internet service	\$
Postage	\$
Rent and utilities	\$
Depreciation	\$
In-Kind	\$
Other (please specify)	\$
TOTAL	\$

NOTE: The project budgets should balance (project income – project expenses = \$0)

4. BOARD AND STAFF INFORMATION

Current Board Members: Please list name; officer role served on your board, if any; and professional affiliation (employer and title).