

# ONLINE GRANT APPLICATION

*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
- Program Focus
- Please give no more than a 500-character summary of request
- Dollar Amount Requested
- Total Project Cost
- 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 (1000 characters)
  - Purpose of grant request (1000 characters)
  - Strategies: What actions will you take to implement this program? (1000 characters)
  - Results: Expected results for your agency, the people it serves, and our community (1000 characters)
  - Evaluation: How will you know if this program is successful? (1000 characters)
  - Sustainability: How will you continue this program 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)



Omaha Community  
Foundation

**Let good grow.**

**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	\$

**Project 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	\$

**Project 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).