

THE KARL H. AND WEALTHA H. NELSON FAMILY FOUNDATION

601 Central Avenue, Suite 105  
Nebraska City, Nebraska 68410  
(402) 873-3949

**GRANT APPLICATION**

DEADLINE FOR CONSIDERATION OF THIS  
APPLICATION IS SEPTEMBER 15 OF CURRENT YEAR (NO EXCEPTIONS)

Applicant: \_\_\_\_\_ Federal I.D. No: \_\_\_\_\_

Address: \_\_\_\_\_

Executive Contact: \_\_\_\_\_  
(Name) (Title) (Tel. No.)

Amount of this request for grant: \_\_\_\_\_

Purpose of funds applied for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Funds available and/or pledges received for this project: \_\_\_\_\_

What percent is this request of the total funds required for project: \_\_\_\_\_

\_\_\_\_\_

What percent of this request would benefit the citizens of Nebraska City/Otoe County Area:

\_\_\_\_\_

Principal purpose of organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Primary source of funding: \_\_\_\_\_

\_\_\_\_\_

Tax Exempt Status: By signing this Grant Application, Applicant certifies that it is a tax exempt entity under the IRS Code and Regulations and agrees to notify the Foundation in the event there is any change made to its tax exempt status.

Fiscal year of applicant: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant

By \_\_\_\_\_

Title \_\_\_\_\_

Please submit the following with this Application:

1. A brief outline (not more than two pages) of the proposed project for which this application is submitted.
2. Copy of Internal Revenue Service letter of determination of tax-exempt status of the applicant.
3. Copy of applicant's most recent financial operating statement and a detailed budget of the specific project for which funds are requested.
4. List of applicant's Board of Directors (Trustees) and Officers.

(Please do not attach or submit any other items with this application)