

LB840 COMMUNITY BETTERMENT GRANT

City of Scribner
PO Box D
530 Main Street
Scribner, Ne 68057
402.664.3231

GRANT GUIDELINES

1. The LB840 Community Betterment Grant is intended to underwrite specific projects or provide equipment and other tangible items that will have a positive impact on and enhance the image, beauty, and quality of life of the residents of and visitors to the City of Scribner.

2. The LB840 Community Betterment Grant is further intended to provide maximum results for the recipient when added to funds obtained from other sources. The partnering of resources is encouraged whenever possible.

3. Projects or items that provide ongoing benefits to the community and its residents and visitors are preferred over one-time projects or uses.

4. Projects to be considered must be projects the City of Scribner could spend its monies on. Proposals that benefit individuals or are of a religious nature will not be considered.

5. Applications will be received and awards granted on a semi-annual basis. Deadline and award dates will be set by the LB840 Citizen's Advisory Committee. All applications are good for one year from date of submission.

6. Complete the application in its entirety. Attachments are encouraged to support summaries.

7. Final funding will be provided upon approval and completion and final inspection of the project.

GRANT APPLICATION

NAME OF ORGANIZATION: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

CONTACT PERSON: _____

AMOUNT REQUESTED: _____

DATE NEEDED: _____

PURPOSE OF GRANT *(Attach illustrations, sketches, diagrams, etc., where applicable):*

HOW MANY PEOPLE WILL BENEFIT FROM THIS PROJECT?

GRANT APPLICATION

PLEASE SPECIFY WHICH COMMUNITY GROUPS WILL BENEFIT FROM THIS PROJECT:

PLEASE LIST ALL OTHER FUNDING SOURCES FOR THIS PROJECT, INCLUDING THE AMOUNT EXPECTED FROM EACH *(Attach proof):*

WHAT ARE THE EXPECTED START AND COMPLETION DATES OF THIS PROJECT OR ITS ENHANCEMENT:

GRANT APPLICATION

WILL THIS PROJECT BE ABLE TO BE IMPLEMENTED IF THIS APPLICATION IS DENIED OR PARTIALLY FUNDED? EXPLAIN.

HOW LONG DO YOU EXPECT THIS PROJECT TO REMAIN ACTIVE?

IS THIS AN ANNUAL PROJECT? YES NO

IS THIS AN ONGOING PROJECT? YES NO

IF YES, WHAT ARE THE ESTIMATED ANNUAL COSTS OF MAINTAINING THE PROJECT?

WHO IS RESPONSIBLE FOR MAINTAINING THE PROJECT AFTER COMPLETION?

GRANT APPLICATION

PLEASE PROVIDE THE FOLLOWING IF APPLICABLE:

- COPY OF YOUR ORGANIZATION'S ARTICLES OF INCORPORATION
- COPY OF YOUR ORGANIZATION'S BY-LAWS
- COPY OF CERTIFICATE OF GOOD STANDING FROM SECRETARY OF STATE
- LIST OF YOUR ORGANIZATION'S OFFICERS AND BOARD OF DIRECTORS
- MINUTES FROM THE BOARD MEETING, AUTHORIZING REQUEST OF FUNDS
- PROJECTED BUDGET FOR THE PROJECT FOR WHICH THIS APPLICATION IS MADE

DATE: _____

TITLE: _____

SIGNATURE: _____

CERTIFICATE OF ASSURANCE

THE APPLICANT HEREBY CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION, AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS APPLICATION IS GIVEN FOR THE PURPOSE OF OBTAINING ASSISTANCE UNDER THE ECONOMIC DEVELOPMENT PLAN AND IS TRUE AND COMPLETE TO THE BEST OF THE APPLICANT'S KNOWLEDGE AND BELIEF. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED HEREIN, PROVIDED THAT ANY AND ALL INFORMATION RELATED TO THE FINANCIAL STATUS OF THE BUSINESS SHALL BE HELD CONFIDENTIAL AND NOT SUBJECT TO REVIEW BY THE PUBLIC.

DATE: _____

TITLE: _____

SIGNATURE: _____