

EQUITABLE BANK CHARITABLE FOUNDATION GRANT APPLICATION

The Equitable Bank Charitable Foundation funds 501(c)(3) organizations with “public charity” status in the communities in which Equitable Bank operates.

Applicant Information

Legal Name of Organization _____

Executive Director _____

Contact Person for this Request _____

Address _____

Telephone/Fax Numbers _____

Date of Incorporation _____ EIN# _____

Project Information

Date of Request _____

Amount of Request _____

Purpose of Request

Please describe briefly your proposed project’s purpose, the service(s) to be provided and the population you will serve, including total number, ethnicity, geographic focus and other relevant details.

(Attach additional pages if necessary.)

Expected Benefits of Program

(Attach additional pages if necessary.)

Project Activities

(Describe your project’s activities and steps to carry out your program. Include a timeline and identify staff, volunteers or consultants responsible for key activities.)

(Attach additional pages if necessary.)

Project Evaluation

(How you will evaluate the progress and success of your project. Include how you will measure achievement toward your program objectives. Describe the strategies and tools you will use to measure your program’s success.)

(Attach additional pages if necessary.)

Project Budget

(Include personnel salaries and benefits and % of their time on the project; consultant costs; rent; office supplies; printing/duplication; mailing/postage; telephone; materials and equipment; travel expense, etc.)

(Attach additional pages if necessary.)

Other Sources of Funds for this Project

Period of Time in Which Funds will be Utilized _____

Organization’s Total Budget _____ For Fiscal Year Ending _____

Number of Employees: _____ Full Time: _____ Part time: _____ Volunteer: _____

Number of Clients Served Annually by Your Organization _____

Other sources of support for your organization (i.e. United Way, State, Federal, County, City)

Principal Purposes of and Services Provided by your Organization

Attachment Checklist

IRS Letter 501 (c) (3) Status	Audited Financial Statement (most recently completed year)
Annual Report (if available)	990 Tax Form (most recently filed)
Board of Directors List	List of Organization's Fiscal Year Business Contributors
List of Grants Received, Including Level of Support	(most recently completed fiscal year)

I certify that the information supplied on this application is true to the best of my knowledge.

Signature of Executive Director or Board Chair/President

Date

Please forward this form or direct questions to:

Darcy Ray, Treasurer/Secretary
Equitable Bank Charitable Foundation
P.O. Box 160
Grand Island, NE 68802-0106

(308)398-4210 or dray@equitableonline.com