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		
you will serve, including total number, ethr	ect's purpose, the service(s) to be provided and the popula nicity, 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 email completed form or direct questions to:

alarson@equitableonline.com Alison Larson, President Equitable Bank Charitable Foundation P.O. Box 160 Grand Island, NE 68802-0106 (308)382-3136