

Cairo Community Foundation Grant Application  
Guidelines and Procedures

The mission of the Cairo Community Foundation is to preserve and enhance the quality of life in the Cairo Community and assist donors in realizing their charitable goals.

1. A grant may be requested for the betterment of a group, club, organization for charitable, religious, educational or scientific purposes to preserve and/or enhance the quality of life in the community of Cairo Community and surrounding area.
  - a. The Foundation is willing to consider any request for a grant which promises to make a significant contribution to the community of Cairo community and surrounding area. Profit making enterprise and political activities are, of course excluded.
2. Grant requests should be submitted to the Grant committee by February 1 and/or August 1 for consideration. A representative for the requesting grant maybe asked to present to the board at the board meeting to explain the grant and answer questions.
3. The application must be completed fully and include all required attachments and signatures before the grant will be considered. Attach the following to your application (FAILING to do so may disqualify your application)
  - i. Application
  - ii. A short explanation of how this project will enhance the quality of life in the Cairo Community and surrounding area?
  - iii. A overall budget sheet.
  - iv. A statement describing your groups current participation in the community.
4. The Board of Directors meets every other month. All applications must be approved by majority of the Board of Directors. A grant application is available online at [www.cairocommunityfoundation.com](http://www.cairocommunityfoundation.com), or Village of Cairo office. The application must be completed and sent prior to the specific month to the Cairo Community Foundation, PO Box 603, Cairo, Nebraska 68824 or email [foundation@cairocommunityfoundation.com](mailto:foundation@cairocommunityfoundation.com)
5. After the program or project is completed please submit a brief evaluation. This will help the Board in evaluating future grant requests.
6. Grant will be paid upon receipt of invoices. If completed funds are not requested within one year, the grant or balance will be forfeited.

If you have any questions, please contact a Cairo Community Foundation Board member or the director at 308-750-5377 or [foundation@cairocommunityfoundation.com](mailto:foundation@cairocommunityfoundation.com)

# Cairo Community Foundation Grant Application

Name of Group, Club or Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this request for a new project, program or item? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered No, how was this project funded in the past? (for example, by private donations, grants, your group's fundraising, etc): \_\_\_\_\_  
\_\_\_\_\_

Proposed program/event/project: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated number of people who will benefit: \_\_\_\_\_

Amount of Grant Request: \$ \_\_\_\_\_ Date Grant Needed: \_\_\_\_\_

What is the total estimated cost for your project? \$ \_\_\_\_\_

If you are only requesting a portion of the cost, where will the additional funds come from?  
\_\_\_\_\_  
\_\_\_\_\_

How much is your group/club/organization contributing towards this project? \$ \_\_\_\_\_

Are you applying for or receiving funding for this project from any other sources? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered Yes, please disclosed the source and the amount you have received or

Expect to receive: \_\_\_\_\_ \$ \_\_\_\_\_

Expect to receive: \_\_\_\_\_ \$ \_\_\_\_\_

Expect to receive: \_\_\_\_\_ \$ \_\_\_\_\_

Application Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cairo Community Foundation Signature of Approval: \_\_\_\_\_

Date: \_\_\_\_\_ Amount to be Granted \_\_\_\_\_

Distribution Record- Amount: \_\_\_\_\_ Date: \_\_\_\_\_

## Cairo Community Foundation Grant Evaluation

Name of Group, Club or Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of people who benefited: \_\_\_\_\_

Narrative Description of project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost of the project: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Application Signature: \_\_\_\_\_ Date: \_\_\_\_\_