

**APPLICATION FOR GRANT FROM PRIVATE FOUNDATION
NEBRASKA DENTAL FOUNDATION
LINCOLN, NEBRASKA**

To:

NEBRASKA DENTAL FOUNDATION

3120 "O" Street

Lincoln, NE 68510

From:

(Name of Applicant)

(Street Address)

(City, State, Zip Code)

**PART I
INFORMATION ABOUT THE APPLICANT**

1. Is the applicant organized as a nonprofit organization under State laws governing charitable organizations? ____ Yes ____ No. If yes, what State governs? _____ If no, please explain:

2. Describe the applicant's purposes and activities in general.

3. Is the applicant controlled by, related to, connected with, or sponsored by another organization? ____ Yes ____ No
If yes, identify the organization (including its purposes and activities) and explain the relationship:

4. If applicable, list the name and address and title of each member of the applicant's governing board:

(Name)

(Title or Office)

(Street Address)

(City, State and Zip Code)

(Name)

(Title or Office)

(Street Address)

(City, State and Zip Code)

(If more space is needed, attach a separate list)

5. Has the applicant (or any organization listed in 3 above) ever received a grant from this foundation? ____ Yes ____ No

If yes, give details:

**PART II
USE OF THE PROPOSED GRANT**

6. Show the amount requested and explain in detail how it will be used. State whether the grant is to be earmarked for the use or benefit of any one person, group, or class of people. If so, for whom?

7. Person to contact who will be administering the proposed program:

(Name)	(Title)
(Street Address)	(City, State and Zip Code)
(Area Code and Phone Number)	

From my own knowledge, I state that the information given in Parts I and II is correct. The applicant organization has authorized me to make this application.

(Name)
(Title or Office)

The information in Parts I and II is to help the grantor foundation meet the requirements of Section 4945(h) of the Internal Revenue Code.

FOR GRANTOR FOUNDATION ONLY

1. Evaluation by Trustees:

2. Special supervisory or follow-up requirements, if any:

3. Remarks:

(Trustees)

4. Action Taken: (Person to approve action must initial and date)

- (a) Date received _____
- (b) Approved as requested _____
- (c) Approved as modified (see remarks) _____
- (d) Denied _____
- (e) Date of grant agreement _____
- (f) Amount of grant \$ _____
- (g) Date of grant payment _____
- (h) Date file closed _____