## SUNNYSIDE 2024 GRANT APPLICATION

Organizatio	on Name:
Address	
City:	
Telephone:	
E-mail Add	ress:
Project Cod	ordinator / Contact Person:
Complete t	he following if applicable.
Is the organ	nization incorporated as a non-profit corporation in the State of Nebraska?
What is the	No e organization's Federal ID number?
Does the o	rganization qualify as a 501(C)3? Yes No
Total reque	st from Sunnyside: \$
Total cost of	f the proposed project: \$
Date(s) fun	ding requested?
(-,	
Name of th	e individual submitting application:
Relationshi	p to the organization applying for the grant:
Signature _	Date
1. 2. 3. 4. 5. 6. 7.	plications may be in the form of a letter. Please include the following:  Project name and summary.  Copy of the budget for the project and specific use of grant funds.  How will the balance of the funding be obtained?  How will the organization evaluate the success of the project and ensure its sustainability?  Copy of non-profit tax exempt status letter.  Copy of the first page of the organization's most recent filed IRS Form 990.  Should your application be funded, please explain how you plan to recognize Sunnyside's support.  List of the organization's Board of Directors.  Mission statement or statement of service and purpose of organization.
FOR SUNN	YSIDE USE ONLY:
Date applic	ation received:
Date review	ation received:
Date action	taken by Sunnyside Board: Approved Disapproved
Distribution	amount:
Grant recei	ved by:
Date of dist	ribution: