

# SUNNYSIDE

## 2025 GRANT APPLICATION

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Project Coordinator / Contact Person: \_\_\_\_\_

Complete the following if applicable:

Is the organization incorporated as a non-profit corporation in the State of Nebraska?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

What is the organization's Federal ID number? \_\_\_\_\_

Does the organization qualify as a 501(C)3? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Total request from Sunnyside: \$ \_\_\_\_\_

Total cost of the proposed project: \$ \_\_\_\_\_

Date(s) funding requested? \_\_\_\_\_

Name of the individual submitting application: \_\_\_\_\_

Relationship to the organization applying for the grant: \_\_\_\_\_

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

Grant applications may be in the form of a letter. Please include the following:

1. Project name and summary
2. Copy of the budget for the project and specific use of grant funds.
3. How will the balance of the funding be obtained?
4. How will the organization evaluate the success of the project and ensure sustainability?
5. Copy of non-profit tax-exempt status letter.
6. Copy of the first page of the organization's most recently filed IRS Form 990.
7. Should your application be funded, please explain how you plan to recognize Sunnyside's support.
8. List the organization's Board of Directors.
9. Mission statement or statement of service and purpose of the organization.

FOR SUNNYSIDE USE ONLY:

Date application received: \_\_\_\_\_

Date reviewed by Sunnyside Board: \_\_\_\_\_

Date action taken by Sunnyside Board: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Distribution amount: \_\_\_\_\_

Grant received by: \_\_\_\_\_

Date of distribution: \_\_\_\_\_

# DISTRIBUTION POLICY

The mission of Sunnyside since 1912 is to provide for the health, education, and social welfare of the Adams County community, including the elderly, through the distribution of grants derived from entrusted funds.

## **Eligibility Requirements are the following:**

1. Use in Adams County
2. Must be a “Not for Profit” organization.
3. Clearly define the need or project for the grant.
4. Must relate to the Sunnyside mission AND the mission of Mary Lanning Healthcare.  
*Mary Lanning Healthcare Mission - advancing our tradition of service, education, and community involvement, Mary Lanning Healthcare is dedicated to excellence, offering hope, health, and healing.*
5. Priority - Service to the elderly
6. Except under unusual circumstances, Sunnyside does not make grants for endowment, capital campaigns, deficit funding, or general operating expenses. Personnel expenses for initial projects may be considered.
7. Sunnyside will review the Distribution Policy and Grant Application forms annually.  
**Copies of prior application forms will not be accepted.**
8. Periodic reports including the use of funds may be required from all recipients. The following reports may be required:
  - a. Annually
  - b. Semi-annually
  - c. Upon completion of program
  - d. Or as directed by the Sunnyside Board
9. Grant recipients must have submitted bills or proof of expenditures by February 28th or the following year to the Sunnyside Board or the grant becomes void.

**Applications will be accepted from December 1st to February 28th.** Applications postmarked after February 28th, 2025 will not be considered. Applicants will be notified by mail of the Board’s decision no later than May 15, 2025.

Revised November 13, 2024