



Application For Conditional Grant

(Use back of page if additional space is required.)

Date: _____

1) *Legal Name of Organization:* _____

2) Mailing Address: _____
How long at current address: _____

3) Contact Person: _____ Telephone: _____

Position/Title: _____

Authorized Signature (CEO, Executive Director): _____

Title: _____ Email: _____

Non-profit Status: _____

4) Briefly describe the applicant organization, its programs and population served.

5) Brief description of the project/program for which you are seeking funds.

6) Service area of project/program for which you are seeking funds (allocate if necessary).

7) Total cost of the proposed project/program: \$ _____

8) Amount requested from Gretna Community Foundation, Gretna Chamber Economic Development Fund: \$ _____

9) Funding period — From: _____/_____/_____ to _____/_____/_____



10) Indicate the category which best describes the purpose of the grant (describe in more detail below if necessary):

*Education*_____ *Arts/Culture*_____ *Community/Civic*_____ *Health*_____
*Economic Development*_____ *Recreation*_____ *Human Services*_____

11) Budget for project or program for which you are applying for Gretna Chamber Community Foundation funds. Attach documentation if available. In-kind donations and tax supported funding (federal and state) also should be listed.

Sources of funds (list):
and amount of each

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Revenues: \$ _____

Expenses (list):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenses: \$ _____

Additional information that may be helpful in understanding the above budgetary figures.

(Use back of page if additional space is required.)

- A. **PROBLEM/PURPOSE:** Describe what the project or business will accomplish, what benefits it will provide and what community need it will meet.
- B. **IMPLEMENTATION:** How will this project/business be accomplished? By whom, where, when, etc.? Provide numbers and timetable.
- C. **SIZE AND DURATION:** How many people will be served or affected by this project/business and for how long? What percentage of the people served or affected are Gretna residents?
- D. **COORDINATION:** Who else is addressing this need? Are there any coordination efforts between you and them? How does this project's/business's approach differ from other already established efforts?

E. CONTINUATION: Will this project/business require continued funding? If so, identify the source of this future funding.

F. EVALUATION: Once completed, explain how your project/business has accomplished its purpose.

G. REIMBURSEMENT: It is our intention to forgive this loan if requirements are met. However, if not met, explain your intentions to repay this loan. If it is monthly, over what length of time? If the intention is to pay it off at the end of a period of time, what is the estimation of completion of the loan?

Please include with application:

Any current Gretna Chamber Member references, up to three.

2 years most recent tax returns

Most recent work history:

- Company:_____
- Title:_____
- Dates of employment:_____

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