THIS IS A PREVIEW. DO NOT PRINT THIS OUT AND TURN IT IN. PLEASE USE THE APPLICATION LINK TO BEGIN.

Community Critical Needs Fund Grant (Late 2026)

Kearney Area Community Foundation

Tell us about your organization and funding needs

Briefly describe the applicant organization, its programs and projects:

Character Limit: 500

Indicate the critical need(s) for which you are requesting funding.

You may select more than one option, if applicable.

Choices

Food
Health
Housing
Transportation

Percent of funding

If you indicated multiple critical needs in the previous question, please list the percent of your total request that applies to each need. For example:

75% - Food
25% - Housing

Character Limit: 500

Name of Program or Organization

Character Limit: 200

Critical need(s) details

Please provide more detailed information about the critical need(s) you are requesting funding support for.

Character Limit: 1000

Which of the following has your organization experienced?*

Choices

Funding Reduction
Increase in Need for your Services
Both

Total amount of funding lost or increase in expenses:

Character Limit: 20

Amount requested from Kearney Area Community Foundation at this time (round to nearest dollar)

Character Limit: 20

What is the last possible date funds are needed?

Character Limit: 10

Reduction Details

Funding reduction*

Describe the change in your funding. What source of funding is no longer available to you? Please include the following details:

- The source of your prior funding
- What has changed and why
- When this changed occurred/or is occurring
- The expected duration of the funding change
- What percent of the total funding for these critical services has been cut
- Any other relevant information

Character Limit: 4000

Increase Details

Increase in community need*

Please provide more information regarding the increase in need for your critical service(s), including:

- Data/numbers to show the increase
- Reasons for the increase in need (what are the reasons more people are needing your services?)

Character Limit: 3000

Tell us more about your essential services

If you are applying for multiple critical needs programs, i.e. one that applies to housing and one that applies to food, respond to the questions below for each program. Do not combine them into one paragraph; we would like separate responses in the same text area.

Population Details*

How may people does this critical need program serve on an **annual** basis?
Who receives these essential services?
How do they typically access these services?
What are the demographics of your clients?
Please include any other helpful details (i.e., duration of services).

Character Limit: 5000

Partnerships*

Who else is addressing this critical need in our community?
Are there any partnering efforts between your organization and theirs?
How do the essential services that you offer differ from other already established efforts?
How do you ensure there are no duplication of services?

Character Limit: 4000

Innovation*

Please go into more detail about how your approach to this critical need is innovative and tailored to our community.
If your approach would not be considered innovative, please explain why.

Character Limit: 3000

Outcomes*

How do you measure the effect the services you provide have on your clients?
Do you have an established way of capturing this information, and if so, how?
How have you used this information in the past to make decisions or adjust services?

Character Limit: 4000

Essential services funding details

If you are applying for multiple critical needs programs, i.e. one that applies to housing and one that applies to food, respond to the questions below for each program. Do not combine them into one paragraph; we would like separate responses in the same text area.

For the budget area, be sure it's clear which essential need program the expense/funding source applies to either in the Category or Brief Explanation column.

Impact*

What are the consequences of the reduction in funding and/or increase in need both short and long term for your organization?

Character Limit: 2000

Reductions and Efficiencies*

- What has been done so far to reduce your organization's expenses?
- What program efficiencies are being implemented?
- What has been the effect of these changes?
- What additional cost savings and efficiencies are planned?

Character Limit: 2500

Supplemental Funding*

Please detail additional ways you are searching for supplemental funding to continue to provide these essential services.

Character Limit: 1500

Sustainability*

If granted funding from KACF, how will your organization sustain these essential services after the grant is expended?

Character Limit: 1500

Future Reductions*

Do you anticipate a need to cut any services or staff? Please elaborate.

Character Limit: 1000

Please complete the following tables. We are requesting MONTHLY amounts. Here is more information on the data requested.

Column 1 - Expense Category/Funding Source = type of expense or where the funding comes from
Column 2 - Previous Expense/Funding Source Amount = monthly expenses/funding sources **prior** to the funding reductions or increase in services
Column 3 - Ongoing Expense/Funding Source Amount = monthly expenses/funding sources **after** the reduction of funding, expenses, increase in service need, implementation of efficiencies, and addition of any new secured funding sources.
Column 4 - Change in Expenses/Funding = please use " - " sign to indicate a reduction.

Essential Services EXPENSES - report MONTHLY amounts

List the **major** expenses to provide the essential services.

Expense Category	Previous Expense Amount	Ongoing Expense Amount	Change in Expenses	Brief Explanation

Essential Services Funding SOURCES- report MONTHLY Amounts

Please list all **major** funding sources for these essential services.

Funding Source	Previous Funding Source Amount	Ongoing Funding Source Amount	Change in Funding Sources	Brief Explanation

Additional Information*

Briefly describe any additional information that is highly relevant to this grant application. Such as:

- How will you prioritize use of any funds received?
- How long will the amount requested sustain the essential services?

Character Limit: 1000

Other grants received*

Please list other grants your organization received and the amounts in the past 12 months that apply to these critical needs. Include grants received from the Kearney Area Community Foundation, as well as money raised through *Give Where You Live*, if your organization participated.

Character Limit: 2000

Document Uploads

Federal Tax Exemption Letter*

Upload a Federal Tax Exemption Letter, letter from your fiscal agent (church or another nonprofit), OR a file that explains how the project/program for which you are applying is a charitable activity. If your organization is tax exempt, an exemption letter is required.

File Size Limit: 2 MB

Leadership*

Names, business affiliation, home city/state, daytime phone numbers, and email addresses of leadership, including directors, board officers and/or key volunteers.

File Size Limit: 2 MB

Operating budget*

Income and expenses vs. actual for the current year (2025) and prior year (2024).
Please include your projected/approved budget for 2026.

File Size Limit: 6 MB

Financial statements*

Upload financial statements from most recent year-end, include audited statements if available.

File Size Limit: 3 MB

Latest tax return (Form 990) filed with the Internal Revenue Service by the applicant organization.*

If the organization does not have a 990 then please attach a document that explains the reason for not having a 990.

Note: If the Kearney Area Community Foundation or another nonprofit is your fiscal agent, simply upload a one-page document stating that fact.

File Size Limit: 5 MB

Please upload any additional documents you think would be helpful in understanding your project or program

Additional Document 1

File Size Limit: 2 MB

Additional Document 2

File Size Limit: 2 MB

Additional Document 3

File Size Limit: 1 MB

Authorized Signature

Applicant Signature*

Character Limit: 250

Signee Title*

Character Limit: 250

Date of Signature*

Character Limit: 10