

Community Critical Needs Fund Grant

Kearney Area Community Foundation

Question Group

Please select the type of entity that best describes your organization.*

Choices

A federally tax-exempt 501(c)(3) public non-profit

A charitable group that is an approved component fund of the Kearney Area Community Foundation

Governmental agency for public purposes working to address a critical need

Public, charter or private Pre-K-12 or post-secondary school

Faith-based organization, including churches

Service Area*

If granted, would 100% of the amount awarded be used for direct services in Buffalo County, Nebraska?

Choices

Yes

No

Briefly describe the applicant organization, its programs and projects.*

Character Limit: 500

Essential Services Manager*

Please list the name and title of the organization's employee (or volunteer leader) who currently directs the critical needs program you are requesting funding for.

Character Limit: 100

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

Critical need(s) details*

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

Character Limit: 1000

How many people does your critical needs program impact?**Character Limit: 200***Funding Changes***

Has funding for your organization been reduced, or have expenses dramatically risen, in the past 12 months due to circumstances outside of your control?

Choices

Yes

No

Please explain.**Character Limit: 1000***Total amount of funding lost or increase in expenses:***

If invited to complete a full application, you will be required to provide justification of this amount.

*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*