



# Nebraska Attorney General's Office Grant Application Form

Application Date: \_\_\_\_\_  
Organization's Federal Tax I.D. Number: \_\_\_\_\_

## I. ORGANIZATIONAL INFORMATION

Provide the following information in two pages using this format.

A. Organization Name \_\_\_\_\_

B. Address/9-digit Zip Code \_\_\_\_\_

C. Website \_\_\_\_\_

D. Chief Executive Officer \_\_\_\_\_

1. Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

2. Email Address \_\_\_\_\_

E. Contact Person and Title \_\_\_\_\_

(If other than the Chief Executive)

1. Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

2. Email Address \_\_\_\_\_

F. Purpose or Request

A brief summary of the amount requested and its purpose. Limit it to this space.

\_\_\_\_\_  
(Signature of Chairperson of the Board)

\_\_\_\_\_  
(Signature of the Chief Executive Officer)



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## G. Budget Summary for This Proposal

- |  |          |
|--|----------|
| 1. Applicant's Funds, if any                         | \$ _____ |
| 2. Amount of This Request                            | \$ _____ |
| 3. Amount of Other <i>Confirmed</i> Requests, if any | \$ _____ |
| 4. Amount of Other <i>Pending</i> Requests, if any   | \$ _____ |
| 5. <b>Total</b> Income (1+2+3+4=5)                   | \$ _____ |
| 6. <b>Total</b> Expense                              | \$ _____ |
| 7. Balance: (5-6=7)                                  | \$ _____ |
- (Explain positive or negative balances under II. B.2.)

## H. Income & Expense Summaries for the Organization

	Last Fiscal Year Ending ____/____/____	Budget: Current Fiscal Year Ending ____/____/____
(1) <b>Income</b>	\$ _____	\$ _____
(2) <b>Expense</b>	\$ _____	\$ _____
(3) <b>Net</b>	\$ _____	\$ _____
(4) <b>Net Assets</b>	\$ _____	

### Instructions for completing I.H. above:

	Last Fiscal Year: Use your Audit for:	Current Budget: Use your current budget for:
(1) <b>Income</b>	Total revenues and other support	Income
(2) <b>Expense</b>	<u>Total expenses</u>	<u>Expense</u>
(3) <b>Net</b>	Positive or negative balance	Positive or negative balance
(4) <b>Net Assets</b>	Net assets, end of year	

If you have no audit, use your IRS Form 990, Part I, lines 12, 17, 18 and 21.



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## II. **PROPOSAL NARRATIVE: 2 Pages Maximum. Clarity and brevity encouraged.**

### A. **FUNDING REQUEST**

1. Amount Requested
2. Objective.....State the objective(s) and the underlying need, problem or opportunity.
3. Population Served..... Include as much information as possible, such as numbers, location, socio-economic status, ethnicity, gender, age, physical ability and language.
4. Effect.....State the anticipated effect on the need, problem or opportunity.
5. Partnerships..... Discuss partnerships with other agencies, if applicable.
6. Work Plan..... Include key dates and actions.
7. Evaluation Plan.....State how proposed objective(s), activities and outcome(s) will be evaluated.
8. Leadership..... List those who will direct and evaluate the project and their qualifications.

### B. **FINANCIAL PLAN**

1. Project Budget.....List expenses, sources & amounts of income, including this request, and their status (confirmed, pending, anticipated, not yet applied for). Should agree with item I.G.
2. Positive or Negative  
Balance..... Discuss any balances shown under I.G.7 on page and your plans for raising funds or using surplus.
3. Development Plan.....Outline your plan for funding this proposal now and in the future.
4. Timing.....State when funding would be needed.



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## C. BACKGROUND OF THE ORGANIZATION

1. History & Mission.....A brief description.
2. Programs.....Key programs not otherwise included in this application
3. Board & Staff.....Number and composition of each group.

## III. REQUIRED SUPPORTING MATERIAL

**A. AUDIT** .....For the most recent complete fiscal year. (If your statements are not audited, indicate why and submit your income and expense statement for the most recent complete fiscal year.)

**B. OPERATING BUDGET** ..... For your current fiscal year and the year for which support is requested, if different (include sources and amounts of income for all years).

**C. INCOME/EXPENSE STATEMENT** .....For the current period.

**D. BOARD OF DIRECTORS**.....Include addresses, phone numbers and affiliations.

**Please do not include additional materials (articles, brochures, letters, etc.) unless they will contribute in any important way to our understanding of the proposal.**