EQUITABLE CHARITABLE FOUNDATION GRANT APPLICATION

The Equitable Charitable Foundation funds 501(c)(3) organizations with "public charity" status in the communities in which Equitable Bank operates. Grant applications are due April 1st.

Legal Name of Organization:	
Executive Director:	
Contact Person for this Request:	
Address:	
Email Address:	
Telephone/Fax Numbers:	
Date of Incorporation:	EIN#:
Project Information	
Date of Request:	Amount of Request:

Purpose of Request

Applicant Information

Please describe briefly your proposed project's purpose, the service(s) to be provided and the population you will serve, including total number, ethnicity, geographic focus and other relevant details. (Attach additional pages if necessary.)

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Expected Benefits of Program (Attach additional pages if necessary.)
Project Activities Describe your project's activities and steps to carry out your program. Include a timeline and identify staff, volunteers or consultants responsible for key activities. (Attach additional pages if necessary.)
Project Evaluation How you will evaluate the progress and success of your project. Include how you will measure achievement toward your program objectives. Describe the strategies and tools you will use to measure your program's success. (Attach additional pages if necessary.)

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Project Budget Include personnel salaries and benefits and % of their time on the project; consultant costs; rent; office supplies; printing/duplication; mailing/postage; telephone; materials and equipment; travel expense, etc. (Attach additional pages if necessary.)

Other Sources of Funds for this Project:

Period of Time in Which Funds will be Utilized:

Organization's Total Budget: For Fiscal Year Ending:

Number of Employees: Full Time: Part time: Volunteers:

Number of Clients Served Annually by Your Organization:

Other sources of support for your organization (i.e. United Way, State, Federal, County, City):

Principal Purposes of and Services Provided by your Organization:

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Attachment Checklist: Document	Yes	If not available, please	explain why:
IRS Letter 501 (c)(3) Status			
Annual Report			
Board of Directors			
List of Grants Received for most recent year-end (including level of support)			
Audited Financial Statement for most recent year-end			
990 Tax Form (most recently filed)			
List of Business Contributors for most recent year-end			
Project update (if the project was previously funded by this foundation)			
Are you or your agency a customer of Equital	ole Bank?	Yes No	
If so, please select the branch you primarily u	se:		
I certify that the information supplied on the			of my knowledge.
Signature of Executive Director or Board	Chair/Pre	sident	Date

Please email this form or direct questions to:

Alison Larson, Board President Equitable Charitable Foundation P.O. Box 160 Grand Island, NE 68802-0106 alarson@equitableonline.com 308-382-3136

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