

**Gateway Sertoma Club of Lincoln
Grant Application Form**

Print then fill out the application.
Deliver or Mail **10 Copies** To:

**Gateway Sertoma Club of Lincoln
c/o Tabitha Foundation
4720 Randolph St
Lincoln, NE 68510**

Agency Name _____

Contact Person _____

Address/City/State/Zip _____

Phone _____ Email _____

Website Address _____

501(c)3 Tax ID _____

Amount Requested _____ Date _____

Does Your Organization/Project Focus on Speech and/or Hearing Needs? _____

1. Describe the Main Purpose of your Project (Situation / Solution)

2. How Many Individuals will be Served by your Project? _____

3. What are your Project Timelines? _____

4. Who will be Responsible for Carrying out Project Objectives (list all people involved)

7. Describe or Attach Project Budget Including Total Project Cost

8. How will the Funds from Gateway Sertoma Club be Applied to the Project?

9. Have you Received Funding from other Organizations for this Project? _____

If Yes, Attach or List Name(s), Date(s), and Amount(s)

10. How you will Evaluate the Success of the Project and Report Back to us?

(Please attach or list any other information you think might be helpful)

Your application must be received by the 1st day of the month to be considered in that month's meeting. All requests made after the 1st will be reviewed the following month. We reserve the right to approve or decline any/all requests based on our own discretion.

Gateway Sertoma Club Use Only

Date Received _____

Date Reviewed _____

Approved _____ Declined _____ Amount Funded _____

Letter of Notification Sent (Date) _____