



Applicant: _____ Date: _____

(Name of Organization)

Address: _____

(PO BOX or Street, City, State, Zip)

Contact Person: _____

(Name, Title)

(Phone, Email)

Project Name: _____

Check One:

501(c)(3) Organization

Government Entity: _____

Other- Please Specify: _____

Funding:

\$_____ Amount Requested

\$_____ Total Cost of Project

Timeline for completion of project: _____

Proposal Summary

Please respond briefly to the following questions. Limit answers to one single page; you may attach a separate document for this section.

1. **Summary of Proposed Work:** Describe the proposed project/program and how the amount requested will be used. Please include specific dates, goals, benefits to the community, and community needs being addressed. Explain how this project fits the vision, mission, and values of the Crofton Area Community Foundation Fund.

2. **Budget:** Submit a copy of the budget for this proposed project. Indicate what other funds have been acquired for the project.

Return this Application to:

Byron Community Fund

Attn: Tyler Tietjen

PO BOX 12

Byron, NE 68325