

Nebraska State Suicide Prevention Coalition
LOCAL SEED GRANT – APPLICATION FORM
APPLICATION DEADLINE: July 1, 2014 by Midnight CST

Please include all information from this form in your application. There is no page limit; however, concise descriptors are appreciated. Please use Times New Roman, 12 point font, with one inch margins, single or double space is acceptable. A limited number of grants will be awarded; the maximum amount to be awarded is \$1,000.00 per grant. Postmark or Email one (1) copy of your submission by 11:59 PM CST on June 30, 2014 to:

Jennifer Fry
Outreach Coordinator
Interchurch Ministries of Nebraska
3151 South St, Suite B
Lincoln, NE 68502
(402) 430-0364

OR

NebraskaLOSSTeam@gmail.com

ORGANIZATION SUBMITTING REQUEST

Name of Organization: _____

Contact Person for the Organization: _____

Address: _____ City: _____

Zip Code: _____ Telephone: _____

E-Mail Address: _____

Name of Project/Proposal: _____

Funding for seed grants was made possible by:
The Kim Foundation
13609 California Street
Omaha, NE 68154

ORGANIZATIONAL INFORMATION

Federal Tax Identification #: _____ State Tax Identification #: _____

Year of incorporation, if applicable: _____

Name and address of its resident agent:

<i>Name</i>	<i>Full Address</i>	<i>Phone Number</i>
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List the title, names, and addresses of the current officers of your organization:

<i>Title</i>	<i>Name</i>	<i>Address</i>	<i>Phone Number</i>
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<i>Title</i>	<i>Name</i>	<i>Address</i>	<i>Phone Number</i>
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<i>Title</i>	<i>Name</i>	<i>Address</i>	<i>Phone Number</i>
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<i>Title</i>	<i>Name</i>	<i>Address</i>	<i>Phone Number</i>
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Give the names/addresses of two persons not members of your organization who know of your organization and its activities.

<i>Name</i>	<i>Full Address</i>	<i>Phone Number</i>
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<i>Name</i>	<i>Full Address</i>	<i>Phone Number</i>
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NEEDS INFORMATION

Briefly describe the need, as it related to suicide prevention, in the community your proposal will address.

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PROGRAM INFORMATION

1. State your proposal's goals and objectives in terms of who will benefit and what that benefit will be.
2. Briefly indicate the major activities of your proposal. Include where and how they will occur or be performed and the promising or evidenced-based practice you are building upon or implementing.
3. What factors will be used to determine the success of this project once it is completed?
4. Do you anticipate this project will become self-sustaining? Explain.

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BUDGET INFORMATION

Please attach a detailed budget of the income and expenses you anticipate for your project.

Income:

Expenses:

Total _____

CERTIFICATION

I, _____, do hereby certify that I have been authorized by the organization herein identified; to submit this application for funds and that my organization is eligible to receive federal and state funding; and I further certify that the information contained herein is accurate and correct to the best of my knowledge.

Signed: _____

Title: _____

Organization: _____

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