

# **LB840 COMMUNITY BETTERMENT**

**City of Scribner**

**P. O. Box D**

**508 3<sup>rd</sup> Street**

**Scribner, NE. 68057**

**(402) 664-3231**

## **GRANT GUIDELINES**

- 1. The LB 840 Community Betterment Grants are intended to underwrite specific projects or provide equipment and other tangible items that will have a positive impact on and enhance the image, beauty, and quality of life of the residents of and visitors to the City of Scribner.**
- 2. LB 840 Community Betterment Grants are further intended to provide maximum results for the recipient when added to funds obtained from other sources. The partnering of resources is encouraged whenever possible.**
- 3. Projects or items that provide ongoing benefits to the community and its residents and visitors are preferred over one-time projects or uses.**
- 4. Projects to be considered must be projects the City of Scribner could spend its monies on. Proposals benefiting individuals or of a non-secular nature will not be considered.**
- 5. Applications will be received and awards granted on a semi-annual basis. Deadline and award dates will be set by the LB 840 Community Betterment committee. All applications are good for one year from date of submission.**
- 6. Complete the application in its entirety. Attachments are encouraged to support summaries.**
- 7. Final funding will be provided upon approval and completion and final inspection of the project.**

**LB 840 COMMUNITY BETTERMENT FUNDS**

**GRANT APPLICATION**

**NAME OF ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**AMOUNT REQUESTED:** \$ \_\_\_\_\_ **DATE NEEDED:** \_\_\_\_\_

**PURPOSE OF GRANT:** (Attach illustrations, sketches, diagrams, etc., where applicable.)

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\_\_\_\_\_  
\_\_\_\_\_

**HOW MANY PEOPLE WILL BENEFIT BY THIS PROJECT?** \_\_\_\_\_

**IDENTIFY WHAT GROUP/S OF PEOPLE IN THE COMMUNITY WILL BENEFIT FROM THIS PROJECT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IDENTIFY ALL OTHER SOURCES OF FUNDING FOR THIS PROJECT, AND INCLUDE THE AMOUNTS TO BE RECEIVED FROM EACH: (Attach a copy of any grant award notices.)**

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**WHAT ARE THE EXPECTED START AND COMPLETION DATES OF THIS PROJECT OR ITS ENHANCEMENT?** \_\_\_\_\_

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**WILL THIS PROJECT BE ABLE TO BE IMPLEMENTED IF THIS APPLICATION IS DENIED OR PARTIALLY FUNDED?** \_\_\_\_\_

**EXPLAIN:** \_\_\_\_\_

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**HOW LONG DO YOU EXPECT THIS PROJECT TO REMAIN ACTIVE?** \_\_\_\_\_

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**IS THIS AN ANNUAL PROJECT?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**IS THIS AN ONGOING PROJECT?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, WHAT ARE THE ESTIMATED ANNUAL COSTS OF MAINTAINING THE PROJECT?**

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**WHO IS RESPONSIBLE FOR MAINTAINING THE PROJECT BEYOND THE NEXT YEAR?**

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**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING IF APPLICABLE**

- \_\_\_\_\_ **COPY OF YOUR ORGANIZATION'S ARTICLES OF INCORPORATION**
- \_\_\_\_\_ **COPY OF YOUR ORGANIZATION'S BY-LAWS**
- \_\_\_\_\_ **COPY OF CERTIFICATE OF GOOD STANDING FROM SECRETARY OF STATE**
- \_\_\_\_\_ **LIST OF YOUR ORGANIZATION'S OFFICERS AND BOARD OF DIRECTORS**
- \_\_\_\_\_ **MINUTES FROM THE BOARD MEETING AUTHORIZING REQUEST OF FUNDS**
- \_\_\_\_\_ **PROJECTED BUDGET FOR THE PROJECT FOR WHICH THIS APPLICATION  
IS MADE**

**SCRIBNER, NEBRASKA  
ECONOMIC DEVELOPMENT PLAN  
CERTIFICATION OF ASSURANCE**

**The applicant hereby certifies that all information in this application, and all information furnished in support of this application is given for the purpose of obtaining assistance under the Economic Development Plan and is true and complete to the best of the applicant's knowledge and belief. Verification may be obtained from any source named herein, provided that any and all information related to the financial status of the business shall be held confidential and not subject to review by the public.**

**Signature of the Applicant:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_