**Jim Gallant Hope Fund**
**Grant Application (Up to $10,000)**

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**Organization Name:** _____
**Address:** _____
**City/State/Zip:** _____
**Primary Contact Name & Title:** _____
**Phone:** _____ **Email:** _____
**Website (if applicable):** _____

**Is your organization a 501(c)(3) nonprofit?** ☐ Yes ☐ No

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**Amount Requested (up to $10,000):** $_____

**Project/Program Name:** _____

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Briefly describe what you are requesting funding for and who will be served.

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**Population Served**

Check all that apply:

☐ Individuals with experience in foster care
☐ Individuals involved in the juvenile justice system
☐ Individuals who are unhoused or experiencing homelessness
☐ Individuals facing significant life challenges without family support
☐ Other (please describe): _____

**Geographic area served:** _____
(*Preference is given to projects serving the Fremont/Dodge County area.*)

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**What need does this project address?**

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**What difference will this funding make? (Expected outcomes)**

How will the requested funds be used? (brief budget or description)

**Timeline**

When will this project take place?
Start Date: _____ End Date: _____

**Additional Funding**

Are other funds secured or pending for this project? ☐ Yes ☐ No
If yes, please describe:

By signing below, I certify that the information provided is accurate and that funds will be used for charitable purposes consistent with the mission of the Jim Gallant Hope Fund.

**Signature: _____ Date: _____**
**Name & Title: _____**

Please submit this application to:
**Fremont Area Community Foundation**
1005 E 23rd St., Suite 2
Fremont, NE 68025
or via email: info@facfoundation.org