LESTER A. WALKER FOUNDATION

610 North Main Street - PO Box 169 Fremont, Nebraska 68026-0169 402-753-2255 Trustees: FNBO – Amber Hunke (ahunke@fnbo.com), Mike Wiseman (<u>amw@wisemanlaw.com</u>), and Jane Walker

GRANT APPLICATION

Applicant:	
ID#:	
Address:	
Executive Contact:	

General Classification of Applicant	Religious Health Educational Social & Welfare Cultural Other (specify)
Is Organization 501(c)(3)?	
Principal purpose of Organization:	
If you are affiliates with another organization, have	Yes No
you obtained permission to make this application?	
Do you have taxing authority?	Yes No
Project that requested grant would be used for:	
(if additional room need, please attach)	
What is source of income for ongoing operations?	
Primary source of capital funding:	
Total cost project (estimate):	\$
Funds available and/or pledges received for this	\$
project:	
Amount of this request for grant:	\$
What percent is this request of the total funds required for project?	%
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Fiscal year of applicant	

Date

By

THE FOLLOWING ATTACHMENTS SHALL BE SUBMITTED WITH THIS APPLICATION:

1) 501(C)(3) Determination Letter or Application.

2) Narrative description of organization's principal activities.

3) List of Board of Directors and Officers.

4) Income and expense statement for previous year's operations, present year and next year.

5) Such other information as you feel would be of value.