

## **GRANT APPLICATION**

APPLICANT:	DATE:
(Name of Orga	anization)
ADDRESS:	
(PO Box or Stre	eet, City, State, Zip)
CONTACT PEI	RSON:
	(Name, Title)
	(Phone, Email)
FROJECTINA	ME:
CHECK ONE:	□ 501(c)(3) Organization □ Government Entity:
	<ul> <li>(Please include a copy of your exempt certificate with your grant application.)</li> <li>□ Other – Please Specify: Tax ID #</li> </ul>
FUNDING:	
\$	Amount and/or Service Project Requested
\$	Amount and/or Service Project Requested Total Cost of Project
	ompletion of project:
	near about the BEYOND Grant program?
Will the project PROPOSAL S	ct continue if it does not receive full funding from the BEYOND Grant? □ Yes □ No
	nd briefly to the following questions. Limit answers to one single page, you may attach a
	ument for this section.
1. Summary	y of Proposed Work
specific dat mission and	he proposed project/program and how the amount requested will be used. Please include tes, goals, impact, and community needs being addressed. Explain how this project fits the vision, d values of the Beckenhauer Construction BEYOND Grant. Please limit your response to 350 use and extra sheet if necessary.

## 2. Budget

Submit a copy of the budget for this proposed project. Indicate what other funds have been acquired for the project and how the BEYOND Grant dollars would be utilized. For projects over \$5,000, please attach a full budget.

Should you receive a BEYOND Grant, please supply our Grant Committee with a recap within 30 days of project completion.

## **RETURN THIS APPLICATION TO:**

Beckenhauer Construction BEYOND Grant 
Attn: Grant Committee 
1901 Riverside Blvd Norfolk, NE 68701 or grants@Beckenhauerconstruction.com

Grant Application deadlines: January 1 April 1 July 1 October 1 Grant response time can take up to 45 days after deadline.

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