



Cabela Family Foundation

Program Grant Request Application

This application must be completed in full. Incomplete applications will not be considered.

ORGANIZATION SUBMITTING: _____

PROGRAM/PROJECT TITLE: _____

TOTAL AMOUNT REQUESTED: \$ _____

DATE SUBMITTED: _____

Parameters For Project:

Attach the following:

1. Detailed Project Description
2. Cost Benefit Analysis
3. Return on Investment Analysis
4. Explanation of expected/intended results
5. Explanation of how project performance will be tracked and documented

Have we funded this project before? If yes, please list year and amount awarded, and attached final project reports for any previously awarded grants.

Year: Amount:

- New Project
- Existing Project

Is funding for equipment? Yes No

Is funding for personnel? Yes No

Contact Name and Title: _____

• **Will you present to the CFF Governing Body?** _____

• **If not, contact who will represent the request?** _____

• **Connection to CFF Mission:** _____

Registered Organization Name (Payee):

Address: _____

Phone: _____ **Email:** _____

Web Site: _____

EIN: _____ **IRS Section:** _____

Application Information:

1. PROJECT BUDGET (Attach details, costs, quotes, etc. as applicable):

2. DATE REQUIRED:

3. PROGRAM/PROJECT DESCRIPTION AND TIME FRAME:

4. LIST OTHER FUNDING SOURCES OF THIS PROJECT:

5. HOW WILL THE CABELA FAMILY FOUNDATION BE RECOGNIZED FOR SUPPORT?

6. DOES THE GRANT REQUESTOR SUPPORT CABELA FAMILY FOUNDATION AND THEIR MISSIONS AND POLICIES?

Background information for external grant applicants only

7. ORGANIZATION MISSION STATEMENT:

8. BRIEF ORGANIZATION SUMMARY:

9. CURRENT FINANCIAL INFORMATION: (Include tax-exempt letter and IRS Form 990 from most current fiscal year)

10. CURRENT OPERATING BUDGET SUMMARY/YEAR TO DATE FINANCIAL STATEMENT:

REQUIREMENT:

Requester hereby acknowledges that detailed quarterly progress reports along with supporting copy, photos, etc. are a requirement if this request for grant is approved. Said reports to commence 90 days after approval is granted and will continue until the project is complete.

Signature of Requester _____

Date _____

Please return application form with attachments via Electronic Submission to:

ADMIN@CABELAFAMILYFOUNDATION.ORG

TO BE COMPLETED BY CABELA FAMILY FOUNDATION GOVERNING BODY:

Date Approved: _____

Date Rejected: _____

Reason: _____

CFF Budget Year for Funding: _____

Follow-up Requirements: _____