To apply for a grant or request grant-seeking assistance from the N.S.Z.E.F., please do the following:

1. Complete and have on file, a signed copy of the **N.S.Z.E.F. Grant Program Guidelines.**
2. Complete the following 2-page **Grant Request Form.**
3. Submit (**1**) digitally signed copy of the Grant Request Form and supporting documents to each the following individuals:

|  |  |
| --- | --- |
| **President**Arthur L. Brown IIBoard Presidente: art.brown@nszef.org m: 402.880.6100 | **Treasurer**Rodiquse ColemanBoard Treasurere: rod.coleman@nszef.org m: 605.545.5765 |

Questions regarding the eligibility of a program to receive a grant or to utilize the Foundation as a vehicle for receiving funds from other grantors along with any questions on the above procedures should be directed to the President or Vice President of the Foundation.

**I.) Organization/Chapter**

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|  NAME: Click here to enter text. |
|  ORG. PRESIDENT: Click here to enter text. |  PRES. PHONE: Click here to enter text. |
|  ORG. MAILING ADDRESS: Click here to enter text.  |
|  CITY, STATE, ZIP: Click here to enter text. |
|  E-MAIL: Click here to enter text. |

**II. Funds Requested**

|  |  |
| --- | --- |
|  AMOUNT REQUESTED: Click here to enter text. |  PROGRAM START & END DATES: Click here to enter text. |
|  PROGRAM TITLE: Click here to enter text. |
|  PROGRAM ADDRESS: *(if different than above)*: Click here to enter text. |
|  TOTAL PROGRAM BUDGET: *(complete itemized budget worksheet)*: Click here to enter text. |
|  PROGRAM CONTACT: Click here to enter text. |  Contact Telephone: Click here to enter text. |
|  Project/Program Contact E-Mail Address: Click here to enter text. |

**III. Please select one program category that best describes the organization’s project.**

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| Choose an item. |

**IV. Please complete the following information in a separate, digital document.** (Requests will not be considered without the inclusion of this information).

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| **Program Narrative**1. A brief description of the program;
2. the need for the program or the problem to be addressed;
3. the plan of action including the theoretical base or rationale for this approach;
4. the impact and significance of the program, including its potential relevance beyond its immediate scope;
5. how the program will be evaluated;
6. the plans for the future of the program including dissemination of results;
7. a detailed budget worksheet identifying the projected revenue and expenditures, to include other funding sources such as in kind services for this request (if applicable). Include amounts received, committed or projected/pending;
8. the name and role of individuals who will be responsible for carrying out the plans outlined in this request.
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**E-Signature of the person authorizing this grant request from the Nebraska Sigma Zeta Education Foundation, Inc. is required below.**

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|  Organization President’s E-Signature:  Click here to enter text. |  Date:  Click here to enter a date. |

Please note that a digitally signed copy of the **N.S.Z.E.F. Grant Program Guidelines must be completed and on file** with the Nebraska Sigma Zeta Education Foundation, Inc. in order for your grant request to be considered for approval by the N.S.Z.E.F. Board. Please contact the President or Vice President if you need a copy or to confirm that a copy is on file.