

John & Alyce Wozab Memorial Fund

an affiliated fund of the Nebraska Community Foundation

2026 GRANT APPLICATION

(Notification of awards will be mailed to the applicant in care of the contact person at the address listed below.)

APPLICANT:

ADDRESS:
(PO Box or Street) (City, State) (Zip Code)

CONTACT PERSON:
(Name) (Title) (Phone) (E-mail)

Wozab funds can only be awarded to organizations with a 501(c) (3) IRS designation
OR for an activity that meets the IRS definition of charitable. All applications will be reviewed, but understand not all applications may be funded according to purpose and direction of the Wozab Trust and Selection committee.

CHECK ONE

- Applicant is a 501(c)(3) public charity (attach copy of IRS determination letter)
- Applicant is a governmental entity
- Applicant is neither of the above

GENERAL CLASSIFICATION OF THE GRANT REQUEST (Check all that apply):

| | |
|--|---|
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> People Attraction |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Leadership Development |
| <input type="checkbox"/> Education | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Health | <input type="checkbox"/> Other (Specify) <input type="text"/> |
| <input type="checkbox"/> Historic Preservation | |

DESCRIBE THE CHARITABLE PURPOSE FOR WHICH THE GRANT WILL BE USED:

All applications will be reviewed but understand not all applications may be chosen for funding, as will be directed by the Wozab Trust and the Wozab selection committee.

Priority consideration will be given to projects and programs that have potential for long-term community impact; address an emerging community need, or provide a creative solution to an existing community need or opportunity; result in the greatest good for the greatest number of people; directly involve volunteers in hands-on services supporting the project; and have secured additional funding from other sources.

PRIMARY SOURCE OF FUNDING FOR PROJECT/PROGRAM:

| | AMOUNT | PERCENT |
|---|-------------------------|----------------------|
| Funds available and/or pledges received: | \$ <input type="text"/> | <input type="text"/> |
| Amount of this grant request: | \$ <input type="text"/> | <input type="text"/> |
| Remaining amount to be raised: | \$ <input type="text"/> | <input type="text"/> |
| Total funding required for project: | \$ <input type="text"/> | 100% |

ANTICIPATED SOURCE OF FUNDING FOR REMAINING AMOUNT TO BE RAISED:

COMPLETION TIMEFRAME:**NUMBER OF PERSONS TO BENEFIT DIRECTLY FROM PROJECT:****DESCRIBE HOW THE PROPOSED PROJECT WILL BENEFIT THE COMMUNITY:**

NOTE: Sec. 501(c)(3) organizations attach a copy of your IRS determination letter granting your Sec. 501(c)(3) tax-exempt status.

Signature Date

Printed Name Name of Organization

Title

RETURN THIS APPLICATION TO:

John & Alyce Wozab Memorial Fund
% Valley County Clerk
125 South 15th Street
Ord, NE 68862

APPLICATION DEADLINE: MARCH 02, 2026