**GRANT ACCEPTANCE FORM**

**Terms of Grant:** The grant to your organization from the Shickley Community Foundation Fund, an affiliate of the Nebraska Community Foundation, is for the explicit purpose(s) described below and is subject to your acceptance of the following terms:

GRANTEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE AUTHORIZED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT AUTHORIZED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Verification:** Your signature on this Grant Acceptance Form is verification that these funds shall be utilized as stated above. All grants are made in accordance with current and applicable laws and pursuant to the Internal Revenue Code, as amended, and the regulations issued thereunder.

**Reporting:**

* The grantee shall send to the Shickley Community Foundation (PO Box 372, Shickley, NE 68436‑0372) copies of all publicity regarding the grant, including print media and informational materials related to the project/program supported by the grant.
* In all public statements concerning the grant – press releases or other reports – grantees are requested to state that “the grant was funded by the Shickley Community Foundation Fund, an affiliate of the Nebraska Community Foundation.”
* In order to remain eligible for future funding, the grantee shall return the Grant Reporting Form within one (1) month following the end of the activity funded by the grant.
* Whenever possible, the grantee shall send at least one (1) digital photograph of the project/program supported by the grant to Wade Walters of the Shickley Community Foundation at [shickleycommunityfoundation@gmail.com](mailto:shickleycommunityfoundation@gmail.com) within one (1) month following the end of the activity funded by your grant.

**Accounting:** The grantee organization is responsible for the expenditure of funds and for maintaining adequate supporting records consistent with generally accepted accounting procedures.

**Reversion of Grant Funds:** The grantee shall return to the Shickley Community Foundation any unexpended funds. Said funds shall also be promptly returned if:

* The Foundation determines that the grantee has not performed in accordance with the Grant Acceptance Form or has not met the specific grant conditions of the approved project/program and its supporting budget; and/or
* The grantee loses its federal income tax exemption as provided under Section 501(c)(3) of the Internal Revenue Code.

**Limit of Commitment:** Unless otherwise stipulated in writing, this grant is made with the understanding that the Shickley Community Foundation has no obligation to provide additional support to the grantee.

**Acceptance:** The foregoing conditions are hereby accepted and agreed to as of the date indicated. Please sign and return this form to the address shown below within one (1) week of receipt.

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Please return your report to: Shickley Community Foundation

PO Box 372

Shickley, NE 68436-0372