



Covid-19 Community Betterment Grant Application

Today's Date: _____ Contact Phone #: _____ Email: _____

Requester's Name (First/Last): _____

Organization Name: _____

Organizations Mailing Address: _____

Amount Requested: _____

Description/purpose of application including a summary of costs (please attach if additional space is required):

**How will your application benefit the City of Kearney for Community Betterment Purposes?
(Please check all that apply allowed by state statute):**

- Enhancing a person's opportunity for educational advancement
- Relieving or protecting individuals from disease, suffering, or distress
- Contributing to the physical well-being of individuals
- Assisting individuals in establishing themselves as worthy and useful citizens by providing educational or business opportunities
- Providing individuals with opportunities to contribute to the betterment of the community
- Increasing the comprehension and devotion to the principles upon which this nation was founded
- Initiating, performing, or fostering worthy public works or enabling or furthering the erection or maintenance of public structures
- Lessening the burdens borne by government or voluntarily supporting, augmenting, or supplementing services which government would normally render to the people
- Providing tax relief for the Community

The applicant hereby assumes that the organization intends to provide services according to the information contained in this request. This Organization will maintain records of all documents evidencing costs incurred and upon written request will provide copies to the City of all such records.

Signature of certifying official

Date

Typed name of certifying official

Return completed application with applicable attachments to:

**Wendell Wessels, Finance Director
18 East 22nd Street, P.O. Box 1180
Kearney, NE 68848-1180**