

Shamrock Shuffle

5K • 10K

Grant Application







Application Deadline: September 1st 2019

Event Date: Saturday, March 14th 2020




Shamrock Shuffle Mission Statement:

“Our mission is to provide an opportunity for people from the Kearney and surrounding areas to participate in an annual fun, family oriented event with a focus on promoting fitness and raising funds for a local charity that benefits our community. ”

Applicant Expectations:

-  Provide a minimum of ten volunteers day of the event
-  Available for 1-2 TV and/or radio appearances
-  Attend 5-7 committee meetings prior to race
-  Be available for interviews and check presentation on race day
-  Provide personal testimony day of race
-  Help with marketing– information on the cause/stories ect., distributing flyers, signs, and social media push

Committee responsibilities:

-  Guaranteed \$5,000.
-  All race details (race course, shirts, volunteers, sponsorships and awards)
-  Marketing– We will schedule any media appearances and create all marketing material



Brief description of specific project/program for which you are seeking funds:



PURPOSE: Describe what the project will accomplish, what benefits it will provide and what community need it will meet.



IMPLEMENTATION: How will this project be accomplished? By whom, where, when, etc.? Provide numbers and timetable. (Use additional paper if needed)


 **PUBLIC RELATIONS**

a. Is this program/service currently offered by other organizations? YES OR NO

b. If so, what unmet need does this program/service address?


c. How would you promote the grant in your community?

d. How do you plan to recognize the Shamrock Shuffle?

 **SIZE AND DURATION:** How many people are served or affected by this project and for how long?

 **CONTINUATION:** Will this project require continued funding? If so, identify the source of this future funding.

 **Funding period:** From: ____/____/____ to ____/____/____

 **Budget:** Attach documentation if available. Budget for Project or Program (for which you are applying for Shamrock Shuffle grant funds) In-kind donations should also be listed.

 Are you willing to provide updates throughout the project? YES or NO

 Do we have permission to share your updates on social media to our followers/donors/sponsors? YES or NO

Please send applications to the Kearney Family YMCA 4500 6th Ave Kearney, NE 68845
For questions contact; Laura Aden or Hallie Ganz at 308-237-9622