



# Grant Application

## Spring 2010

### General information

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone: \_\_\_\_\_

Project Title \_\_\_\_\_

### Request for funds

- All applications must use this completed form as the cover page.
- On a separate page, please list your board members or principal parties and staff.
- Complete the Foundation's application budget page and attach to your application.
- Please do not include any supplemental materials (brochures, letters of support, etc.)
- Using no more than two, 8½ X 11 single-sided sheets of paper, please tell us about your proposal. Be sure to include the following, and label the information by letter in your narrative:
  - a) The mission or purpose of your organization or group
  - b) A definition of the need, including how the need has been determined
  - c) The targeted population
  - d) A description of the project/program
  - e) Your expected results
  - f) Your timetable and process for achieving results
  - g) How you will evaluate the success of your proposal

**Type of grant requested** (see grant guidelines- [www.smithcountycommunityfoundation.org](http://www.smithcountycommunityfoundation.org))

Project/Program  Capacity Building  Seed Money  Capital  Operating  Endowment

### Financial information

Time period of your project: From \_\_\_\_\_ to \_\_\_\_\_ Date when funds will be needed: \_\_\_\_\_

Total project cost \$ \_\_\_\_\_ SCCF grant requested \$ \_\_\_\_\_ (\$2,700 available)

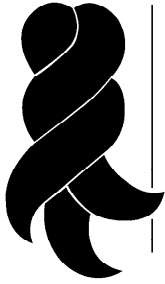
Other Funding sources \_\_\_\_\_

Total grant requests frequently exceed the amount of available funding. Are you willing to accept a grant less than your requested amount? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, is there a minimum grant amount required *in order for the project to proceed*? \$ \_\_\_\_\_

### Submit

Submit 11 copies of the completed application, including additional narrative, budget and board list by April 20, 2010, to: **Smith County Community Foundation, PO Box 116, Smith Center, KS 66951.**

Questions? You may find your answer on our website at [www.smithcountycommunityfoundation.org](http://www.smithcountycommunityfoundation.org). If not, call Don Wiens at 785-476-3236, or email him at [smithcounty@gscf.org](mailto:smithcounty@gscf.org).



**Smith  
County  
Community  
Foundation**  
An affiliate of the  
Greater Salina Community Foundation

# Application Budget Page

## Spring 2010

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Project Title: \_\_\_\_\_

**Project Revenue:**

_____	SCCF Grant Request	_____	\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
	<b>TOTAL</b>		\$ _____

**Project Expenses:**

_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
	<b>TOTAL</b>		\$ _____

How will the SCCF dollars specifically be used? \_\_\_\_\_

Employer Identification Number (EIN) (Required) \_\_\_\_\_

Is applicant a 501(c)3 Nonprofit Organization? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, Please complete:

Total Annual Operating Budget of the Applying Organization \$ \_\_\_\_\_

I certify that the organization is current on all IRS filings, including form 990 tax returns and all quarterly payroll returns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Title