



Grant Application

Spring 2011

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)

Project/Program* Capacity Building* Seed Money* Capital Operating Endowment

(* Preference will be given to these types of projects)

Financial information

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

Total project cost \$ _____ SCCF grant requested \$ _____ (\$4,244 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 12 copies of the completed application, including additional narrative, budget and board list by April 20, 2011, 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. If not, call Joan Nech at 785-476-7538, or email her at jnech@ruraltel.net



Application Budget Page

Spring 2011

Applicant: _____ Date _____

Project Title: _____

Project Revenue:

_____	SCCF Grant Request	_____	\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
	TOTAL		\$ _____

Project Expenses:

_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
	TOTAL		\$ _____

How will the SCCF dollars specifically be used? (Money must be used within one year of being awarded the grant) _____

Employer Identification Number (EIN) (Required) _____

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

(For-profit organizations will not be considered unless the request is for a charitable project)

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