

GRANT APPLICATION FORM

For Grants from Unrestricted Funds

DATE: _____

Use back of page if additional space is required.

1) Legal Name of Organization: _____

2) Mailing Address: _____

3) Contact Person: _____ Telephone: _____

Position/Title: _____

Authorized Signature (Chief Officer): _____ Title: _____

4) Briefly describe the applicant organization, its programs and population served:

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

6) Total cost of the proposed project/program: \$ _____

7) Amount requested from Kearney Area Community Foundation: \$ _____

8) Funding period: From: ____/____/____ to ____/____/____

9) Indicate the category which best describes the purpose of the grant (describe in more detail below if necessary):

Education _____ *Arts/Culture* _____ *Community/Civic* _____ *Economic Development* _____

Human Services _____ *Recreation* _____ *Religious (non-denominational)* _____ *Health* _____

10) Budget for Project or Program (for which you are applying for KACF grant funds) Attach documentation if available.

In-kind donations should also be listed.

Sources of Funds (list):	_____	\$ _____
& amount of each	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Total Revenues: \$ _____

Expenses (list):	_____	\$ _____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Total Expenses: \$ _____

Additional information that may be helpful in understanding the above budgetary figures:

(Use back of page if additional space is required.)

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

B. IMPLEMENTATION: How will this project be accomplished? By whom, where, when, etc.? Provide numbers and timetable.

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

D. COORDINATION: Who else is addressing this need? Are there any coordination efforts between you and them? How does this project's approach differ from other already established efforts?

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

F. **EVALUATION:** Once completed, explain how your project has accomplished its purpose?

G. **IN GENERAL:** Identify, and explain, which of the selection criteria your project or program meets:

- Beneficiary Involvement** - projects and programs that involve those people who are expected to benefit from the grant;
- Capital projects** such as construction, remodeling additions to existing buildings, and equipment purchases (only if our small grant can make a difference/impact);
- Challenge gifts** under which grant awards will be authorized, provided other donors make matching gifts; and to promote leverage for generating additional funds;
- Innovative programs** that represent an efficient approach to serving community needs and opportunities;
- Ongoing program's projection of longevity** as evidenced by plans for continuation beyond the initial funding period;
- Partnerships** - those organizations which partner and work cooperatively with other agencies in the community;
- Programs** providing an **impact** that is likely to make a clear difference in the quality of life for a substantial number of people; and where a moderate amount of grant money can effect a significant result;
- Seed grants** to initiate promising new projects or programs, thus allowing them to demonstrate their usefulness to the community; and assist those populations not presently being adequately served;
- Stability of the applicant** as evidenced by positive financial statements, solid future funding, and other related factors;
- Unusual** or urgent funding; and
- Volunteer involvement** - programs enlisting volunteer participation and citizen involvement.

EXPLAIN: