



Grant Application

KHF Children's Fund Grant

Spring 2012

General information

Grant Applicant: _____ Date _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Contact Person _____ Telephone: _____

Project Title _____

Grant purpose: *The primary purpose of the Kansas Health Foundation Children's Fund shall be to provide support to improve the health and well-being of children living in the area served by the Russell County Area Community Foundation.*

Your proposal must include:

1. This completed form as the cover page.
2. The application budget page.
3. A narrative telling us about your proposal. Label the information by letter:
 - a) Describe your organization's mission or purpose
 - b) List your board members or principles, if applicable
 - c) Provide a definition of the need, and explain how the need was determined
 - d) Specify the targeted population and estimate of how many children will benefit
 - e) Describe how your project will affect the health and well-being of children
 - f) Describe how results will be measured and indicate your timetable achieving results
 - g) Describe how you will evaluate the success of your proposal
 - h) Indicate how you will publicize the Russell County Area Community Foundation's support

Type of grant requested

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 \$ _____ RCACF grant requested \$ _____ (\$13,700 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 acceptable for the project to proceed? \$ _____

Submit 1 copy of the completed application by March 1, 2012 to Russell County Area Community Foundation, PO Box 172, Russell, KS 67665-0172 or email rcacf@eagle.com.net. For more information, visit our website at www.rcacf.net or call 785-445-3611.



Application Budget Page

KHF Children's Fund Spring 2012

Applicant: _____ Date _____

Project Title: _____

Total Operating Budget of the Applying Organization: _____

Employee Tax Identification Number (Required): _____

Revenue:

_____ KHF Children's Fund Grant Request	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Estimated Expenses:

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

How will RCACF dollars specifically be used?

Is applicant a 501(c)3 Nonprofit Organization? Yes _____ No _____

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