



# Grant Application

## L. P. "Pat" Mullen Fund for Youth Arts & Humanities

### General information

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

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

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

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

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

### Application Requirements

- 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.
- 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) Briefly, the mission or purpose of your organization or group
  - b) The targeted population
  - c) A description of the project, including how it relates to arts & humanities
  - d) Your expected results
  - e) Your timetable and process for achieving results
  - f) How you will evaluate the success of your proposal
- A summary of the grant request (100 words or less)

### Financial information

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

Total project cost \$ \_\_\_\_\_ GSCF grant requested \$ \_\_\_\_\_ (Not to exceed \$15,000)

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 10 copies** of the completed application, including additional narrative, budget and board list, by January 15, 2010, to: **Greater Salina Community Foundation \* 113 N. Seventh St., Suite 201 \* P.O. Box 2876 \* Salina, KS 67402-2876**

Questions? You may find your answer on our website at [www.gscf.org](http://www.gscf.org). If not, call the Greater Salina Community Foundation office at 785-823-1800, or email us at [communityfoundation@gscf.org](mailto:communityfoundation@gscf.org).



# Application Budget Page

## L. P. "Pat" Mullen Fund for Youth Arts & Humanities

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

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

**Project Revenue:**

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

**Project Expenses:**

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

How will the GSCF 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