



Grant Application

L. P. "Pat" Mullen Fund for Youth Science Technology & Invention

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 science, technology & invention
 - 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 \$18,000)

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. If not, call the Greater Salina Community Foundation office at 785-823-1800, or email us at communityfoundation@gscf.org.

