



Grant Application

Fund for Greater Salina

Fall 2010

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.
- Please **do not include** any supplemental materials (brochures, letters of support, etc.)
- A summary of the grant request (30 words or less) in electronic form- emailed to lindasmith@gscf.org
We will also accept the summary on cd, or jump drive.
- Grant requests involving USD 305 or any school in USD 305 must include a copy of the completed signature page from the USD 305 District Grant Application available on the USD 305 website.
- 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
 - 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.gscf.org)

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 \$ _____ GSCF grant requested \$ _____ (Not to exceed \$5,000)

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 required *in order for the project to proceed*? \$ _____

Submit 15 copies of the completed application, including additional narrative, budget and board list, by September 8, 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.



Application Budget Page

Fund for Greater Salina

Applicant: _____ Date _____

Project Title: _____

Project Revenue:

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

Project Expenses:

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

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