



Fund for Early Childhood Grant Application

Applicant: _____ Date _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Contact Person _____ Telephone: _____

The Fund for Early Childhood Care, Education & Development will make grants to organizations or programs whose work furthers the care, education, development, health, safety and human service needs of children ages 0-6 in Saline and Ottawa Counties to better prepare them for kindergarten. Special consideration will be given to programs or organizations that work with children in poverty or with other significant barriers to learning.

Request for funds

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. How the project meets the criteria of the Fund for Early Childhood Care, Education & Development
 - b. A description of the project
 - c. Your timetable
 - d. How you will evaluate the success of your project or program
- Attach the project budget and a list of board members or principals (not part of the 2-page limit). All applications must use this completed form as the cover page.
 - 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.

Financial information

Time period of your project: From _____ to _____ Date funds will be needed: _____

Total project cost \$ _____ Grant requested \$ _____ (Limited to \$1,000 or less)

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 5 copies of this completed application, including additional narrative, budget and board list, by September 26, 2011, to:

**Fund for Early Childhood Care, Education & Development
Greater Salina Community Foundation
113 N. Seventh, Suite 201 or 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 Early Childhood

Applicant: _____ Date _____

Project Title: _____

Revenue:

<u>Fund for Early Childhood Care, Education & Development Grant Request</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Expenses:

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

How will the grant dollars specifically be used? _____

Is applicant a 501(c)3 Nonprofit Organization? Yes _____ No _____. If yes, please complete:

Total Annual Operating Budget of the Applying Organization \$ _____

Employee Identification Number _____ (Required)

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