



Grant Application

Leadership Project Fund for Children & Youth

General information

Applicants: _____

_____ Date _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Contact Person _____ Telephone: _____

Project Title _____

Application Requirements

- All applications must use this completed form as the cover page.
- 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) A definition of the need for the project, including how the need has been determined
 - b) The targeted population
 - c) A description of the project
 - d) Your expected results
 - e) Your timetable and process for achieving results
 - f) How you will evaluate the success of your proposal
- On a separate page, please list your group members and a summary of the grant request (100 words or less)

Grant Requirements:

Grants must support projects that benefit children and youth in the Saline County Area.

Financial information

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

Total project cost \$ _____ GSCF grant requested \$ _____ (Not to exceed 50% of project total)

Other Funding sources _____

Submit 7 copies of the completed application to: **Greater Salina Community Foundation * 113 N. Seventh St., Suite 201 * P.O. Box 2876 * Salina, KS 67402-2876**

Questions? Call the Greater Salina Community Foundation office at 785-823-1800, or email us at communityfoundation@gscf.org.



Application Budget Page

Leadership Project Fund for Children & Youth

Applicants: _____

_____ Date _____

Project Title: _____

Project Revenue:

GSCF Grant Request	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Project Expenses:

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

How will the GSCF dollars specifically be used? _____

Each project must name a treasurer to receive the grant dollars. Grant will be made payable to this person. A grant report will be required upon completion of the project.

Project treasurer _____ SS Number (Required) _____

Signature

Print Name Here

Title