



# Grant Application

## Nutrition and Physical Activity

### 2010

#### 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.
- Complete the Foundation's application budget page and attach to your application.
- Please do not include any supplemental materials (brochures, letters of support, etc.)
- 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 including how it specifically supports the community plan
  - e) Your expected results
  - f) Your timetable and process for achieving results
  - g) Describe any coordination or collaboration related to this project
  - h) Explain how your program or project will be sustained beyond the grant period
  - i) How you will evaluate the success of your proposal

Are you willing to participate in the overall review of the Nutrition/Physical Activity Initiative? Yes \_\_\_\_\_ No \_\_\_\_\_

**Type of grant requested:** \_\_\_Project/Program \_\_\_Seed Money \_\_\_Capital

#### Financial information

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

Total project cost \$ \_\_\_\_\_ GSCF grant requested \$ \_\_\_\_\_

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 \_\_\_\_\_

**Submit 14 copies of the completed application, including the two page maximum additional narrative, budget, board list, and logic model (if applicable) by February 3, 2010, to: Greater Salina Community Foundation \* 113 N. Seventh St., Suite 201 \* P.O. Box 2876 \* Salina, KS 67402-2876**



# Application Budget Page

## Nutrition and Physical Activity

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

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

**Project Revenue:**

<u>GSCF Nutrition and Physical Activity Grant Request</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<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