



# The **PET** Project

Philanthropy  
Empowerment  
Transformation

## 2010 Grant Application

### General information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone: \_\_\_\_\_

### Request for funds

- All applications must use this completed form as the cover page.
- On a separate page, please list your board members or principals.
- 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
  - e) Your expected results
  - f) Your timetable and process for achieving results
  - g) How you will evaluate the success of your proposal

### Financial information

Time period of your project: From \_\_\_\_\_ to \_\_\_\_\_

Total project cost \$ \_\_\_\_\_ (Available grant is about \$5,000)

### Submit

Submit 8 copies of the completed application, including narrative, budget and board list, to:

Greater Salina Community Foundation \* 113 N. 7<sup>th</sup>, Suite 201 / P.O. Box 2876 \* Salina, KS 67402-2876

**Deadline is April 6, 2010**

Questions? Call us at 785-823-1800, or email us at [communityfoundation@gscf.org](mailto:communityfoundation@gscf.org).

# Application Budget Page

## PET Project

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

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

### Revenue:

GSCF PET Project Grant Request	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

### Expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

How will the PET Project 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 \_\_\_\_\_

I certify that the organization is current on all IRS filings, including form 990 tax returns and all quarterly payroll returns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Title