



# YW Legacy Fund Grant Application

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

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

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

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

## 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. The mission or purpose of your organization or group
  - b. How the project meets the criteria of the YW Legacy Fund
  - 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
- 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.
  - Please do not include any supplemental materials, brochures, letters of support, etc. with your application.
  - 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 when funds will be needed: \_\_\_\_\_

Note that YW Legacy Grants are considered quarterly.

Total project cost \$ \_\_\_\_\_ YW Legacy Fund 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 \_\_\_\_\_ If yes, is there a minimum grant amount acceptable for the project to proceed? \$ \_\_\_\_\_

## Submit

Submit 10 copies of this completed application, including additional narrative, budget and board list, by March 12, 2012, to:

**YW Legacy Fund**  
**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](http://www.gscf.org). If not, call the Greater Salina Community Foundation office at 785-823-1800, or email us at [communityfoundation@gscf.org](mailto:communityfoundation@gscf.org).



# Application Budget Page YW Legacy Fund

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

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

**Revenue:**

_____	YW Legacy Fund Grant Request	\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
	<b>TOTAL</b>	\$ _____

**Expenses:**

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

How will the YW Legacy Fund dollars specifically be used? \_\_\_\_\_

Employee Identification Number (Required to issue grant) \_\_\_\_\_

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