



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.

Financial information

Time period of your project: From _____ to _____

Date when funds will be needed: _____

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 11 copies of this completed application, including additional narrative, budget and board list, 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. If not, call the Greater Salina Community Foundation office at 785-823-1800, or email us at communityfoundation@gscf.org.



Application Budget Page YW Legacy Fund

Applicant: _____ Date _____

Project Title: _____

Revenue:

_____	YW Legacy Fund Grant Request	\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
	TOTAL	\$ _____

Expenses:

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

How will the YW Legacy Fund 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

Print Name Here

Title