



Grant Application

Smoky Valley Community Enhancement Fund Fall 2009

General information

Applicant: _____ Date _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Contact Person _____ Telephone: _____

Project Title _____

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.)
- **Incomplete applications will be rejected.**
- 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

Type of grant requested (see grant guidelines- www.smokyvalleycf.org)

Project/Program Capacity Building Seed Money Capital Operating Endowment

Financial information

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

Total project cost \$ _____ SVCF grant requested \$ _____ (\$4,000 total grants available)

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 12 copies of the completed application, including additional narrative, budget and board list by September 30, 2009, to: **Smoky Valley Community Foundation, PO Box 84, Lindsborg, KS 67456**

Questions? You may find your answer on our website at www.smokyvalleycf.org. If not, call Bill Roth at 785-227-2834, or email him at smokyvalley@gscf.org.



Application Budget Page

Smoky Valley Community Enhancement Fund Fall 2009

Applicant: _____ Date _____

Project Title: _____

Revenue:

SVCF Grant Request	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL	\$ _____

Expenses:

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

How will the SVCF 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