

**Hillsboro Community Foundation**

**Grant Application**

*Applications should be emailed to* *director@hcfoundationks.org*

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number/Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

Telephone #: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director/Top Executive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone #: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_ Alternate Telephone #: (\_\_\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project/Program Director (if different than Executive Director/Top Executive): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone #: (\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_ Alternate Telephone #: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you funded in 2015 or 2016 by Hillsboro Community Foundation? □ Yes □ No

If yes, did you submit a follow-up report? □ Yes □ No

If no, you must submit a follow-up report for consideration.

□ Follow-up report is included with this application.

Please provide a brief description of your agency and the population served.

Project/Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of grant requested.

□ Capacity Building

□ Capital

□ General Operating Support

□ New Project/Program

□ Existing Project/Program

□ Expansion of Existing Project/Program

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which categories best reflect the purpose of this request. *(You can indicate more than one category if applicable.)*

□ Arts & Culture

 □ Science & Education

 □ Community Preservation & Revitalization

□ Health & Human Services

 □ Emergency/Disaster Needs

 □ Animal Welfare

 □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In 100 words or less, please summarize your project/program.

Approximate number of people to be served by this project/program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date when funds will be needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total project/program cost: $ \_\_\_\_\_\_\_\_\_\_\_\_

Total amount of funding requested *(not to exceed $2,500)*: $ \_\_\_\_\_\_\_\_\_\_

Total grant requests frequently exceed the amount of available funding. Is there a minimum grant amount acceptable for the project/program to proceed? □ Yes □ No

If yes, what is the minimum grant amount acceptable for the project/program to proceed? $ \_\_\_\_\_\_\_\_\_\_

Do you have any *pending* or *committed* funding sources for this project/program? □ Yes □ No

 If yes, please identify both *pending* and/or *committed* source(s) and amount(s).

Is the project/program cost greater than your grant request? □ Yes □ No

If yes, how do you plan to raise the remaining balance?

Is your grant request greater than the cost of your project/program? □ Yes □ No

If additional funding, above the amount of your project/program, was made available to your organization, how would the additional funds strengthen your project/program?

How will this project/program directly impact the community of Hillsboro?

How does this request embody one or more of the following:

1. Urgency or immediacy to address a critical need;
2. Excitement because it’s a bold new venture;
3. Creativity in providing new solutions to age old problems.

How did you determine the need for this project/program?

How will you evaluate the success of your project/program?

□ Organization is a 501(c)(3).

□ Proof of 501(c)(3) status is included with this application.

□ Organization is not a 501(c)(3).

Is your organization a public agency/unit of government?

(i.e., educational institution, church, a city, or county) □ Yes □ No

If no, please identify the qualified organization that will serve as the project/programs fiscal sponsor.

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number/Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

Telephone #: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Proof of project/programs fiscal sponsor’s 501(c)(3) status is included with this application.

Employer Identification Number (EIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We give permission to use our group’s name and project/program in publicity. □ Yes □ No

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I certify, to the best of my knowledge, that all information included in this application is correct. The tax exempt status of this organization is current. If grant is received through the Hillsboro Community Foundation, an affiliate of Central Kansas Community Foundation, for the purposes described herein shall be restricted as stated herein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Representative Requesting Grant Date

*Hillsboro Community Foundation, an affiliate of Central Kansas Community Foundation, manages the Hillsboro Area Impact Fund. If you have questions or need further information, please contact Cynthia Fleming* *director@hcfoundationks.org* *or 620-947-0170.*