**COMMUNITY OF ACTION**

**GRANT PROGRAM**



Sponsored and Administered by:

KANSAS PRIDE, INC.

**Who can apply for this award:**

* ***Communities of Action or Excellence that are in Good Standing***
* ***Communities of Action or Excellence that have completed their Community Folio***

**For questions contact** [**KSCE@ksu.edu**](mailto:KSCE@ksu.edu) **. Submit completed application to** [**KSCE@ksu.edu**](mailto:KSCE@ksu.edu)

**COMMUNITIES OF ACTION GRANT**

**20\_\_\_ APPLICATION**

🞏 Round I (MAY 1) 🞏 Round II (SEPTEMBER 1)

**1. Kansas Community Empowerment (KCE) Organization**

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

FEIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Project Information:**

Name of effort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location or address of project (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Amount Requested:**

Amount of grant requested for this project. $\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please remember $500 is the minimum and $2,000 is the Maximum amount available).

What is the ratio of the grant to match?

(Minimum of $1:1 is required, can be greater)

Percent of cash match: \_\_\_\_\_\_\_\_\_%

Percent of in-kind match: \_\_\_\_\_\_\_\_\_\_%

Have you ever received a Communities of Action\* grant before? \_\_\_\_\_\_\_ If so, when? \_\_\_\_\_\_\_\_

**4. Narrative**

Use no more than 3 typed double-spaced pages to address the entire scope of this effort. Be sure to address these areas in order listed:

General description

1. Explain how and why the effort was selected as a community priority i.e.: critical need for future sustainability, needs assessment, component of vision and mission, etc.
2. Explain how the proposed effort will contribute to the long-term impact to the quality of life within your community. Who are the target beneficiaries and how will they be impacted by this project? (please be specific, i.e. how the community will be different as a result of this project, and how this effort fits into the BIG picture)
3. How will you know if you are successful? What indicators will you use to measure your success?
4. Please tell us who your community partners will be and define their roles in the effort.
5. Please explain how successfully completing this project will contribute to the community’s future.

**5. Budget**

Include the proposed line-item expenses for this effort. Please keep the budget line items in broad categories. Match should be shown by an amount followed by a C for cash match, and estimated values of in-kind match should be followed by IK under the Match column. COA Funds are the amount of Communities of Action funds applied to the specific expenses. Budget should be broken down to include each expense by line item.

**Expense Match COA Funds Total Expense**

|  |  |  |  |
| --- | --- | --- | --- |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **TOTAL AMOUNT OF FUNDS** | **$** | **$** | **$** |

**Name, address, and email of individual managing your grant funds:**

**6. Project Schedule**

Outline the proposed time schedule for this effort (be specific). It must be completed within one calendar year of the award. Insert KCE Work Plan as an example.

**7. Resolution**

This resolution of support must be approved by your community KCE organization, signed by KCE officers, and submitted.

**A Resolution Endorsing the Application for FY20\_\_\_\_ Communities of Action Funds**

**WHEREAS**, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been created to work to (Name of local KCE group)

conduct Community improvement initiatives; and

**WHEREAS**, the Board of Directors of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to specifically

(Name of local KCE)

utilize FY20\_\_\_\_ Communities of Action funds in the manner outlined in this application and consistent with the Program guidelines.

**THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **KCE Participant**, that we do hereby support the formal

(Name of local KCE)

request for FY20\_\_\_\_ Communities of Action funds.

Passed and approved this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

SIGNED: ATTEST:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local KCE Board Chair Local KCE Board Secretary

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

Date Date

**\*NOTICE: All Pictures are subject to use in publications on websites and Facebook. Please include photo release form in the event that children are photographed (<18 years of age).**

