**COMMUNITY EMERGENCY GRANT**

**APPLICATION**



*This opportunity is provided through our partnership with, and the generosity of, the Kansas Masons.*

Administered by:

KANSAS PRIDE, INC. on behalf of the Kansas Community Empowerment (KCE) program

**Project Examples for Consideration of this Grant:**

Impacts to community projects or community needs due to:

1. Community and Economic Resilience
2. Community Health
3. Natural Occurring Disasters

For more detailed definitions of what constitutes the above disasters, visit:

<https://extensiondisaster.net/resource-dashboard/>

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

**COMMUNITY EMERGENCY GRANT**

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

**1. KCE Organization**

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

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

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

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

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

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

**2. Situation:**

**Detail here:**

**3. Amount Requested:**

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

(Please remember $1,000 is the Maximum amount available).

**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 this project was selected.
2. Explain how the grant project effort will contribute to the long-term impact to the quality of life within your community. What or who are the target beneficiaries and how will they be impacted by this project? (please be specific, i.e. how the community will benefit 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 specific categories. Any estimated values of in-kind match should be followed by IK under the Match/IK category. EP Grant Funds are the amount of Emergency Grant funds applied to the specific expenses. Budget should be broken down to include each expense by line item.

**Expense Match/IK EP Grant 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\_\_\_\_ Community Emergency Funds**

**WHEREAS**, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been created to work to conduct

(Name of local KCE)

Community improvement initiatives; and

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

(Name of local KCE)

FY20\_\_\_\_ Community Emergency 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**, that we do hereby support the formal

request for FY20\_\_\_\_ Community Emergency funds.

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

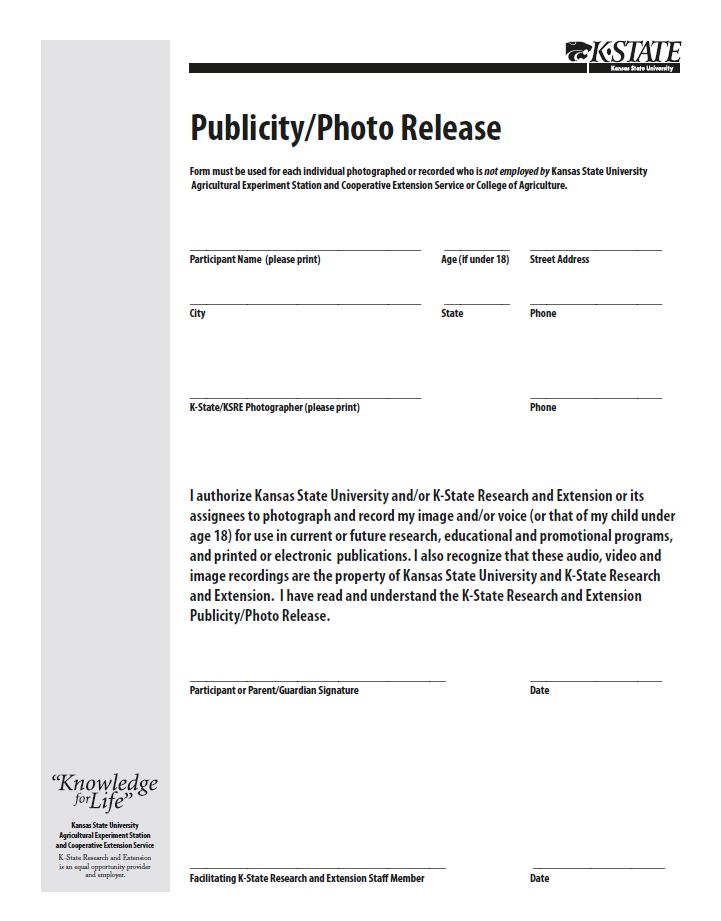
SIGNED: ATTEST:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KCE Board Chair 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).**

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