



# Grant Application

## 2012 Grant Cycle

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### Applicant

Organization			
Mailing Address	City	State	Zip
E-Mail	Website		
Physical Address	City	State	Zip
Contact Person	Title	Telephone	

### Summary of Grant Request

Purpose (limit 50 words):

Amount Requested: \$ \_\_\_\_\_

Type of Request (check all that apply)

- Operating     
  Capital     
  New Project     
  On-Going Project

Please check the **primary** program area that your organization's program/project works to address. Please check only one:

- Provision of Basic Needs (e.g. food, clothing, etc.)
- Basic Needs That Increase Client Self-sufficiency
- Helping Children Succeed
- Assist youth who have been in foster care/child welfare system to have healthy transitions
- Provision of residential/non-residential services to facilitate family reconciliation for adolescents in conflict with their families

Have you received KCF funds previously?  yes  no

If yes, when & how much? \_\_\_\_\_

### Organization Description

Mission Statement:

Number of full-time equivalent employees: \_\_\_\_\_ Number of volunteer hours in past year: \_\_\_\_\_

Geographic region served:

Population served:

Number: \_\_\_\_\_ Ages: \_\_\_\_\_ Gender: \_\_\_\_\_

Special Needs or Conditions:

**Project Description**

Population to be served:

Number: \_\_\_\_\_ Ages: \_\_\_\_\_ Gender: \_\_\_\_\_

Special Needs or Conditions:

What need will the project address? (limit 50 words):

What LOCAL data did you use to determine that this is a need? (e.g. waiting lists, local survey, etc.)

How will this grant help address this need? (limit 100 words):

What type of *outcome* data will you collect to determine if the project/program is accomplishing its objectives? (This is more than numbers served. It should include measures such as behaviors changed, skills improved, etc.)

Who is responsible for the implementation of this project (e.g. name of staff or volunteer)? What *relevant* skills, training and/or experience do they have?

Are there any other agencies that are involved in this project? If so, name them and describe their role.

**Budget Data**

Do you have a fiscal agent/sponsor, or is your program part of another agency's budget?  yes  no

If so, it is necessary to include budget data *only* for your organization's portion of their budget.

**Organizational Budget:**

Current year operating BUDGET:

Revenue: \$ \_\_\_\_\_ Expenses: \$ \_\_\_\_\_ Surplus/deficit: \$ \_\_\_\_\_

Prior Year Operating ACTUAL:

Revenue: \$ \_\_\_\_\_ Expenses: \$ \_\_\_\_\_ Surplus/deficit: \$ \_\_\_\_\_

**Program/Project Budget (Amount of requested funds MAY NOT exceed the budgeted amount.):**

Total: \$ \_\_\_\_\_ Revenue: \$ \_\_\_\_\_ Expenses: \$ \_\_\_\_\_ Surplus/Deficit: \$ \_\_\_\_\_

*Please attach a complete itemized program budget*

What are your unit costs? \_\_\_\_\_  
(examples: cost per client served, cost per unit of food, cost per hour of training, etc.)

What other sources of funding will be used to support the project?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  Requested  Committed  
 Requested  Committed  
 Requested  Committed  
 Requested  Committed

Does your organization currently have an endowment?  yes  no