

**COMMUNITY FOUNDATION of SOUTHWEST KANSAS**  
**ARTHUR E. & CORNELIA C. SCROGGINS**  
**FOUNDATION FUND**

**GRANT APPLICATION -- 2018**

Return completed form and requested attachments.  
Please use this sheet as the cover page for your project proposal.

Date: \_\_\_\_\_

Requesting Organization: \_\_\_\_\_

Fed Tax I.D. #: \_\_\_\_\_ Year Incorporated: \_\_\_\_\_

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P.O. Box, City, Zip)

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Total Cost of the Project \$ \_\_\_\_\_, Grant Amount Requested \$ \_\_\_\_\_

Contact Person for this project is: \_\_\_\_\_, Phone: \_\_\_\_\_

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

Attach a detailed budget for this project.

Nonprofit organizations need to attach the IRS determination letter.

Nonprofit organizations attach a copy attach the most recent financial statement.

Summary of the proposed project. Please note the desired outcome of your project (maximum of 400 words).

Briefly describe how you will make public announcement(s) or garner publicity for the award of this grant.

Grant Applications are due no later than 10/01/18.

Please do not staple, use paper clips. Do not put material in a presentation folder or binder. Applications must be photo-copy ready.

Incomplete or un-signed applications will not be considered

Call if you have questions, 620-225-0959

**X** \_\_\_\_\_  
Managing Director's signature

**X** \_\_\_\_\_  
Board Chair's signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Name



# **ARTHUR E. & CORNELIA C. SCROGGINS FOUNDATION FUND GRANT GUIDELINES**

## **GENERAL INFORMATION**

**Of particular interest to the Grant Committee are programs serving youth**

**One or more of the following characteristics will enhance the grant proposal:**

- ☞ A collaborative network that multiplies the impact of the grant
- ☞ An innovative and efficient use of grant funds
- ☞ Expenses reduced and/or an enhanced economies of scale through shared resources with other agencies or groups
- ☞ Leveraging additional funding opportunities (Example – matching funds)
- ☞ Unique approaches to problem solving and/or service delivery

**Guidelines and Criteria:**

- ☞ Primary consideration will be given to agencies in Ford and Gray Counties in Kansas.
- ☞ Grants are limited to charitable and educational organizations serving the communities where the Community Foundation operates. Recipients must be exempt from federal taxes under section 501(c)(3) of the IRS code or city and county government agencies.
- ☞ State or national organizations seeking grants should address how the grant will benefit or be used in Ford or Gray Counties.
- ☞ The Community Foundation will consider grants for operating expenses and/or program support.
- ☞ One grant request per organization per year will be given consideration from the Scroggins Fund. Your organization is still eligible for CFSK's open grants available from Sept. 1 to Oct. 1. Please avoid submitting duplicate grant request.
- ☞ An award of a grant does not necessarily indicate or guarantee future grant support.
- ☞ Generally, capital campaigns will not be supported.
- ☞ Support will not be provided for: individuals, political parties, political organizations, labor organizations, fraternal organizations, or athletic organizations except for specific projects that benefit the broad community as a whole.

*Lighting the way for future generations*

# COMMUNITY FOUNDATION *of* SOUTHWEST KANSAS

## GRANT AGREEMENT ~ 2018

~ PLEASE READ CAREFULLY AND SIGN ~

The Community Foundation of Southwest Kansas (Foundation or CFSK\*) requires that the grant recipient execute this funding agreement prior to the disbursement funds.

*Grant recipients agree to:*

- I. Use the name and/or logo of the Community Foundation of Southwest Kansas in connection with funded or partially funded projects that relate this grant award.
- II. Provide the Foundation with a progress report or update on the funded or partially funded project within nine months of receiving the grant. This report should include statistical information and the results or outcome of your project/program (Photographs are always appreciated.)
- III. At no time shall funds from this grant be used to carry on propaganda or attempt to influence legislation within the meaning of IRS Code section 4945; or, influence the outcome of any specific public election; or, to carry on directly or indirectly any voter registration drive.
- IV. All funds shall be used for charitable purposes; and, reasonable records of expenditures relating to this grant will be kept and made available upon request. Unused funds shall be returned to the Community Foundation.
- V. The Community Foundation *request* the Foundation's logo is used in conjunction with your organization's **press releases, newsletters and other publications** that reference this grant. CFSK's logo is available upon request.
- VI. The Community Foundation *request* the grant recipients prepare and present to the local newspapers a press release detailing the grant recipients program and acknowledging the funding or partial funding from the Foundation. Please forward newspaper clippings to the Foundation.
- VII. Failure to abide by any or all the Grant Agreement terms, listed above, could result in disqualification for future grants and/or a request from the Community Foundation for the return of the granted funds.
- VIII. This grant is from the **Arthur E. & Cornelia C. Scrogins Fund** at the **Community Foundation of Southwest Kansas**

**Publicity Waiver:** CFSK\* reserves the right to publicize awarded grant through a variety of media channels. Grant recipients agree to participate and give CFSK permission irrevocably and in perpetuity without additional compensation use, adapt, reproduce, distribute, display the name and any marks owned by grant recipient, in whole or in part, throughout the universe, in connection with promotion or marketing activities of CFSK and/or affiliates.

_____	_____	_____
NAME OF THE ORGANIZATION	FEDERAL TAX I.D. NUMBER	
<i>X</i> _____	_____	
SIGNATURE OF AUTHORIZED AGENT	DATE	
_____	_____	_____
PRINT AUTHORIZED AGENTS NAME	PRIMARY PHONE NUMBER	E-MAIL ADDRESS