General Grant Application Instructions

This document outlines instructions for completing each field of the General Grant Application.

You are not required to complete the full application at one time. *If you need to pause and save your progress, simply click on the save icon under a question beside the question number. You will be prompted to create an account and be able to save your submission.*

Section 1: About Your Organization

1. **Full Legal Organization Name**

   - Enter your organization's official name, exactly as registered with state or federal authorities. This ensures clarity and legal accuracy

2. **Organization's Website Address**

   - Enter your official website to allow the Foundation to learn more about your organization.
   - If you do not have a website but use a social media page, please list the exact name of the organizational account.
   - If you have no online presence, please indicate that in this field.

3. **Physical Address of the Organization**

   - List the location where your organization operates. Include street, city, state, and zip code.

4. **Mailing Address of the Organization**

   - Provide a mailing address if it differs from the physical location; otherwise, repeat the physical address.

5. **Is this a 501(c)(3) Organization?**

   - Check "Yes" only if you are registered as a tax-exempt nonprofit under IRS code 501(c)(3).
   - If you check "Yes", you will be prompted to enter your number in an additional field.

6. **How Long Has the Organization Been in Operation?**

   - State the number of years/months your organization has existed.

7. **What is the Organization's Total Annual Budget?**

   - Provide your organization's total annual operating budget. This is not the budgeted amount for this project. This amount should be the budgeted amount shown on your operating budget statement for the current fiscal year.

8. **Please Share the Organizational Mission Statement**
   - Enter the organization's official mission statement as it is listed on corporate documents and in public locations.

9. **Give a Brief Description of the Organization**

   - Summarize your organization's work, including programs, community impact, and who you serve.

10. **What Population Is Served By the Organization?**

    - Describe the primary groups served. For example, underserved youth, seniors, low-income families, or specific communities within Eastern Kentucky.

11. **Which Kentucky County or Counties are Served by the Organization?**

    - Specify all counties in Kentucky that your programs impact.

<u>Section 2: Leadership and Contacts</u>

1. **Name of the Organization's President / Top Leader**

   - Enter the full name of your organization's highest-ranking official.

2. **Top Leader's Title**

   - Specify the top leader's title (e.g., Executive Director, Board President).

3. **Is the Top Leader's Role a Paid Position**

   - Indicate whether this is a compensated or volunteer role

4. **Top Leader's Phone Number**

   - Provide a direct, reliable phone number.

5. **Top Leader's E-Mail Address**

   - Provide a direct, reliable email address.

6. **Name of the Primary Contact Person for this Application**

   - Who should the Foundation contact with questions or information. This is typically someone responsible for the grant application or project management.

7. **Primary Contact Person's Title or Role**

   - Indicate the job title or volunteer role of the contact person.

8. **Is the Primary Contact's Role a Paid Position**

   - Indicate whether this person is an employee or a volunteer.

9. **Primary Contact Person's Phone Number**

   - Provide a direct, reliable phone number.

10. **Primary Contact Person's E-Mail Address**

    - Provide a direct, reliable email address.

11. **What is the Total Number of Paid Employees**

    - How many individuals are paid to work for the organization? Include one number indicating the full-time employees and one number indicating part-time employees.

12. **Name of the Organization's Board Chairperson**

    - Provide the name of the individual who is currently serving as the chair of the leadership board.

13. **What is the Total Number of Board Members**

    - Indicate the number of individuals on the Board of Directors or similarly titled governing group.

Section 3: Proposal Request

1. **Name of the Project for Which You Are Requesting Funding**

   - Choose a descriptive project name that encapsulates its mission (e.g., "Eastern Kentucky Youth Career Development Program").

2. **Which of the Foundation's Priorities Does This Project Address?**

   - Select all relevant priorities that are addressed by this project.

3. **Is this a New Project or an Existing Project?**

   - Choose the status that most accurately reflects this particular project.

4. **What is the Dollar Amount Being Requested?**

   - Enter the specific amount you are applying for from the SND Eastern Kentucky Foundation.

5. **What is the Total Project Budget?**

   - Provide the total estimated budget needed for this project. *This is not the budget for the entire organization.*

6. **Approximately How Many Individuals Will Be Served By This Project?**

   - Give a realistic estimate of direct beneficiaries. Include a time period in your answer as a point of reference. For example: 100 people per year or 100 people per month.

7. **Give a Brief Explanation of the Purpose of the Project**

   - Explain what community need or problem the project addresses and what it aims to accomplish

8. **Give a Brief Description of How the Project Works**

   - Describe the project structure, planned activities, and strategies that will be implemented.

9. **If Granted, How Will This Funding Be Used?**

   - Specify exact uses for this funding. Examples of categories of use might include program supplies, staff salaries, participant support, or outreach efforts.

10. **List Other Funding Sources That Contribute to the Total Project and the Amount They Contribute**

- Share other grants, donations, funding partners or additional sources supporting this project. List the dollar amounts coming from each source.

11. **If This Proposal Is Funded, What Impact Will It Have On Your Project?**

- Briefly describe your anticipated short and long-term outcomes, such as increased participant reach, improved health metrics, graduation rates, or other measurable benefits.

12. **How does this project align with the SND Eastern Kentucky Foundation's mission and priorities?**

- Review the Foundation's mission. Explain how your project's goals contribute to these priorities.

13. **What else would you like the SND EKY Foundation to know?**

- If you choose, you can use this space to share anything else about your story: unique challenges, successes, your organization's commitment to service, etc. If you prefer not to provide comments, please list "no comment".