



Keller Family Community Foundation

COMMUNITY GRANT APPLICATION FORM

Prior to completing this application form, please ensure that:

- You have read “General Information for Grant Applicants”
- Have previously provided an “Expression Of Interest” for initial consideration by the Keller Family Community Foundation
- Have been invited by the Foundation to submit an Application.

For your application to be considered, all questions must be addressed. If you experience difficulty answering any question, please contact the Foundation by telephone.

- ◆ All applications must be typed
- ◆ Please provide an original and 2 copies of this application
- ◆ Please retain a copy of your application for your own records

If successful, your organization will be requested to:

- Be available for media purposes as required by the Foundation, and

If successful, your organization will be required to:

- Acknowledge the support from the Keller Family Community Foundation – KFCF - in all printed material and publicity, and
- Provide satisfactory project evaluation report and financial acquittal statement.

GRANT APPLICATION SECTION ONE

Name of Organization

Main Activity of Organization

Contact Person & Position

Contact Telephone, Fax & Email Details *(Please note email is our preferred method of contact)*

Telephone	Fax
Mobile	Email

Street Address

	Zipcode:
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Postal Address

	Zipcode:
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Committee of Management Details (Office Bearers Only)

Name	Position Held

Staffing of Organization

Name of CEO	
Name of Manager	
Number of Full Time Equivalent Staff	

Is your Organization Incorporated?

Yes (please provide a copy of your Certificate of Incorporation)
No

Is your Organization Income Tax Exempt?

Yes (please provide copy of your 501(c)3 status)
No

Is your Organization audited annually?

Yes (please provide a copy of your most recent audited accounts or copy of annual report if it includes this information)
Name & Contact Details of Auditor:

No (please provide your most recent financial statements and yearly budget figures)

Please provide the name & contact details of an external referee who knows your organization well and who would be prepared to support your application

Name	Contact Details

Provide details of previous applications for assistance for this project (for the past 2 years only). If additional space is required, please attach separate sheet

Funding Body	Year	Approved/Declined	Current Status

Declaration

All details contained within this Application (Section 1 and Section 2) are a true reflection of the status of our organization and the project we wish to undertake.

The signatory below is an Executive Officer of the Organization and has been authorised to seek funding on its behalf.

Name	
Signature	
Position within Organization	
Date	

Continue to Section TWO

GRANT APPLICATION SECTION TWO

TELL US ABOUT YOUR PROJECT

- Please address all of the sections below
- This section must be typed in 12 point and not exceed 4 single-sided A4 sheets.

1. Project Name.
2. Project Description, including:
 - Objectives of the project
 - Main activity of the project
 - Brief description of the activities to be undertaken by the project
 - How you have identified the need for this project
 - Who will benefit from this project
 - The anticipated outcomes from this project
 - How your project will be sustained following the funding period.
3. Why this project is important.
4. How you will evaluate the project.
(Please note that failure to adequately meet acquittal requirements will deem the organization ineligible for future funding consideration).

Your evaluation process should include, but not be limited to:

- How you have judged whether your project/program was successful (what worked, what didn't, how could things be improved next time).
 - Did you reach the people that you set out to reach?
 - What sort of records did you keep (e.g. minutes of meetings, records of events, number of participants)?
 - Who you involved in assessing how well the project/program worked (e.g. participants, community members, service providers).
 - How you obtained your information (e.g. survey, interviews, group discussions).
5. Time frame for project.
 6. Budget details for project.
 7. Letter/s of support for your project.
 8. Is there any other relevant information you would like us to know?

Declaration Section Two

All details contained within this application (Section One and Section Two) are a true reflection of the status of our organization and the project we wish to undertake.

The signatory below is an Executive Officer of the Organization and has been authorized to seek funding on its behalf.

Name	
Signature	
Position within Organization	
Date	

GRANT APPLICATION CHECKLIST

Please tick boxes

- Received and read the “General Information for Grant Applicants” outlining the Foundation’s philosophy, areas of involvement and interest
- Completed Step One “Expression Of Interest” and received invite from the Foundation to submit Application for Grant
- An original plus 2 copies of Section 1 and Section 2 have been provided
- Section 2 does not exceed 4 single-sided A4 sheets
- The application is typed and in 12 point
- All questions have been answered
- Copy of Tax status (if applicable) has been provided
- Certificate of Incorporation (if applicable) has been provided
- Budget has been provided
- Retained copy of your application
- The declaration has been signed by an Executive Officer of the organization
- Copy of most recent Annual Report or Financial Accounts are attached

GRANT APPLICATION CLOSING DATES

ANNUAL CLOSING DATES

Grant round closing dates are announced each year
Refer to the web site
www.snowballcancer.org

Applications to be mailed to:
KFCF
PO Box 164
Richmond MN 56368

Mailed applications must be postmarked by the relevant closing date
Emailed applications will not be considered

Further information can be obtained from:
KFCF
Telephone (320) 597- 3052

GRANT APPLICANT FEEDBACK

The Keller Family Community Foundation aims to provide efficient and accessible guidelines and application procedures.

Your comments in relation to these guidelines and procedures are most welcomed.

Comments

Name	
Organization	
Position within Organization	
Date	