



Kalas Foundation is dedicated to improving the communities in which we live.

GRANT APPLICATION CHECKLIST

04/09

DIRECTIONS:

·An original application form must be completed with an original signature and include the attachments listed below.

·In addition, two (2) copies of the grant application **without the attachments listed below** must be submitted with the original application.

·Please use this checklist to insure that you have provided the supportive materials required for the original application copy. *If you cannot provide these documents, attach a written explanation for their unavailability.*

- ø A photocopy of the Internal Revenue Service letter determining the applicant organization to be a non-profit, tax exempt organization under IRS Code 501(c)(3) or a letter stating the organization is governmental (federal, state, county or town). *Not acceptable are the following:* the Secretary of State's certificate as a non-profit corporation, the Employer's Tax Identification number, the organization's tax-exempt number or the application to the IRS for 501(c)(3) status.
- ø A statement or letter indicating that the grant request is endorsed by the governing board. (This could be an excerpt from the minutes of an official meeting or a letter from a senior officer of the organization quoting the action taken.)
- ø A list of the applicant's governing board members (and their titles, company names, addresses and phone numbers if available).
- ø A total project budget (if the grant request is for less than 100% of the project budget).
- ø A current fiscal year or calendar year organizational budget. (This is the overall budget for the organization and should not be confused with the project budget).
- ø **If you have submitted your most recent *organizational budget and financial statement* as part of a previous application to the Foundation, you do not need to include those items; please initial here if previously submitted: _____.**
- ø The organizations most recent audited financial statement.
- ø Application must be signed by an officer of your organization. (Unsigned application forms will be returned.)

Submit your application to Kalas Foundation (KF)

**25 Main Street
Denver, PA 17517
717-335-0808 PH
717-335-0863 FAX**

7. Approximate number of clients served yearly: _____

8. Yearly revenue (last FY):

\$ _____

Yearly expenses (last FY):

\$ _____

THE FOLLOWING QUESTIONS, 9-14, ADDRESS ORGANIZATIONAL EFFECTIVENESS.

KF is committed to strengthening non-profit organizations in our community to enrich the lives of the people who benefit from the many programs. If your organization identifies an area of need in any of the following questions (9-14), please feel free to contact the Foundation to inquire about applying for an organizational effectiveness grant to address those needs.

9. Please identify and list sources of revenue (e.g. earned income, grants, donors, special events, etc.) that are equal to or greater than 10% of your total revenues. Provide the percent of total revenue that each represents.

10. Does your organization have a feasible contingency plan for dealing with the sudden withdrawal of a major funding source?

11. Do you annually evaluate your board of directors?

12. Does your organization have a multi-year plan?

13. Does your organization have a fundraising plan with goals and measurable objectives?

14. Describe how you evaluate your organization and its programs to measure success and outcomes.

B. General Project Information

(You may attach supplemental pages to answer these questions.)

1. Project title:
2. Briefly list the project's goal(s).
3. Briefly summarize the project and the health need it seeks to address. Please include objective evidence (data, statistics, etc.) of the clear and compelling need for the proposed project.
4. Project's service area, target population and number of persons to be served.

C. Specific Project Information

1. Describe your organization's understanding, experience and expertise as it relates to the proposed project.
2. List the qualifications and responsibilities of key project personnel, including staff and volunteers who will be working with the target population (name them if they have already been identified and include job descriptions/resumes, if available). Also identify whether project staff are existing staff or staff to be hired for this project. (If new staff, include job descriptions, if available.)
3. List existing community resources you will utilize (i.e., facilities, people, partnerships).
4. Name other organizations doing similar or related work in your geographic area and describe how your project differs from, contributes to, or complements these activities.

D. Project Activities and Outcomes/Results Measurement

**** Preference will be given to organizations and proposals that demonstrate a commitment to ongoing performance measurement. See Appendix A and utilize the sample format if it meets your needs.**

1. Briefly describe the major project activities that will be completed to achieve the project goal(s) and data that will show that the activities were completed (*brochures, curriculum, sign-in sheets, receipts, payroll records, etc.*).

2. Specifically, how will you measure the project's outcomes/results? (*How will you the target population has improved as a result of your project?*)

E. Financial/Budget Information

Please complete the attached project budget form, Appendix B, for the amount being requested from Dakota Medical Foundation.

1. Total amount requested from KF:
\$ _____ over ___ one ___ two ___ three year(s)

The amount requested from KF represents _____% of the total project budget amount of \$ _____. (*Please attach a total project budget.*)

2. Expected date project or expenditure of funds will begin:

3. Expected date project will end or funds will be fully expended:

4. If the Kalas Foundation invests in your project, please describe how KF's grant award would be expended.

5. Briefly describe how you will ensure that the expenditures associated with the project budget are reasonable and cost-effective. *(If applicable, please include bids for goods and services.)*

F. CONFLICTS OF INTEREST

I acknowledge that the Foundation must be informed about *any* potential conflicts of interest Grantee, Grantee’s related persons, any individual, and/or anyone acting on grantee’s behalf in any capacity may have with the Foundation and any of the Foundation’s officers, directors and staff, including without limitation, any opportunities that Grantee and/or Grantee’s related persons or any individual may have to direct the use of the Foundation’s funds directly or indirectly to any of Grantee’s related persons or their immediate family members, any individual, or any organization in which Grantee or Grantee’s related persons may have a financial interest or position of control. *To the best of your knowledge, are you aware of any actual or potential conflicts of interest with Kalas Foundation’s staff, board and/or committee members?*

G. OTHER

We have attempted to ask questions that will provide us with enough information to adequately review your proposal. However, please use this space to provide any additional project information you wish to be considered.

We are committed to developing helpful relationships with our grant applicants. Accordingly, please feel free to contact Cheryl Harsh by phone at 717-335-0807) or via e-mail at caharsh@kalaswire.com at any time throughout the application process.

SIGNATURE:

PRINT NAME:

TITLE: _____

DATE: _____