

"Enhancing Sedgwick County"

## **GRANT APPLICATION**

All applications are due the first Wednesday of the month.

Name of Organization:		
Address:		
Со	ntact Person & Title:	
Phone:		
Email:		
Website:		
Federal Tax ID:		
	ATTACH LIST OF ORGANIZATION'S GOVERNING BOARD -INCLUDE NAMES, ADDRESSES AND TITLES-	
PART 1 - INFORMATION ABOUT THE APPLICANT		
1.	Is the applicant currently a $501(c)(3)$ nonprofit organization recognized by the Internal Revenue Service? $\square$ YES $\square$ NO If yes, attach a copy of the IRS exemption letter. (Do NOT attach a copy of your sales tax exemption.) If no, explain why applicant could still qualify for funding from this Foundation.	
2.	Brief Organizational Overview: (include mission statement)	
3.	Have funds been requested/funded from other sources for this project? If so, furnish the following:  Amount(s) previously requested  Source of request  Date of request  Date & Amount Received	
4.	Has the organization previously received funds from The William Stretesky Foundation?  ☐ No ☐ Yes, attach amount(s) and years(s) received.	

## **PART 2 - GRANT REQUEST**

(Attach separate sheets if necessary)

	AL AMOUNT OF PROJECT: \$ AL AMOUNT REQUESTED FROM STRETESKY FOUNDATION: <mark>\$</mark>
ORG	GANIZATION'S CONTRIBUTION TOWARDS PROJECT (i.e. cash, time, services, etc)
5.	Provide a description of the grant request including the projected immediate outcome:
6.	If this request/project is ongoing, please share the organization's future financial security plan:
	Explain how this request/project enhances our community and the impact it will make on Sedgwick County residents:
8.	Is there any other pertinent information you would like to share with the Foundation Board?
:	Please attach your organization's supporting documents including: most recent financial statement; current year's budget: multiple estimates for project; and pictures, if applicable. If any of the above is not available, attach a statement of explanation.
I HEF APPL UND	* * * * * * * * * * * * * * * * * * *
 Auth	orized Agent's Signature and Title Date