

Community Grant Application**Organization Information****General Information**

Organization Name

Federal Tax ID

Federal Tax ID is a 9 digit number with a dash after the first 2.

Tax Status

- Select One -

IRS Tax Exemption Letter

Please upload a copy of your organization's IRS tax exemption letter. If your organization is a public school district or government entity, you may skip this step.

Address

City

State

- Select One -

Zip Code

Website Address

Mission Statement

Brief History of the Organization

Board List

Please upload a current roster of your governing body members (i.e. board of directors, board of trustees, etc.) that lists their names, profession (if employed), and/or their skill set.

Please do not provide full biographical details. A simple list is preferred.

Organization Summary Annual Operating Budget

Please upload your organization's current year summary operating budget. Please limit to 1 - 2 pages.

Statement of Financial Position

Please upload your organization's Statement of Financial Position (Balance Sheet).

Independent Auditor's Report

If applicable, please upload your organization's most recent Independent Auditor's Report (1 - 2 page letter reporting on audit).

Contact Information

Organization Leadership: Please enter name and contact information for your organization's President, CEO, Director, etc.

Prefix

- Select One -

First Name

Last Name

Title

Office Phone

Extension

E-mail

Grant Application Contact: Please enter name and contact information for person submitting this application.

Please check here if same person as above.

No

Prefix

- Select One -

First Name

Last Name

Title

Office Phone

Extension

E-mail

Request Information

Proposal Information

Program Title

Program Classification

Select the classification that best describes the program request.

Community Betterment includes improving neighborhoods, youth development and leadership, programs for seniors, transportation, violence prevention, etc.

- Arts, Culture, and Historic Preservation
- Community Betterment
- Education
- Health and Human Services

Amount of Funding Requested

Please provide the amount of funding requested from Truman Heartland Community Foundation.

Total Program Expenses

Total Funding Requested from Other Sources

Population Served

What is the primary target audience in Eastern Jackson County served by the proposed program?

- Adult Females
- Adult Males
- Children
- Families
- General Population
- Senior Citizens

Age Group

If children are your target audience, please select the age group(s) of those children.

- Infants (0 - 4)
- Children (5 - 13)
- Young Adults (14 - 19)

Indicate Type of Request

- Equipment (i.e. computer hardware)
- General Operating Support (i.e. salaries and consulting fees)
- Program Support (i.e. supplies, computer software, curriculum)

Geographical Area Served

Please check all that apply.

- Blue Springs
- Buckner
- Grain Valley
- Independence
- Kansas City East of I-435
- Lee's Summit
- Oak Grove
- Raytown
- Sugar Creek

Program Start Date

Program End Date

Program Description

Please describe your proposed program in 100 words or less. Include whether this request is for a program that currently exists, is new, or is a renewal for a previously awarded Community Grant.

How will the funding be used?

Please be specific about which aspects of your proposed program this grant funding will be used for. Include details about how many people you intend to serve with your program.

Program Goals

What are the primary goals of your proposed program? What would you describe as success for the program?

Evaluation

What measurement tools will your organization use to evaluate whether your program is achieving its goals?

How will you determine if your program has had a demonstrable impact on its intended population?

Plans for Program Sustainability

Please describe how your organization plans to sustain this program in the future (not applicable for requests for equipment).

Collaboration Details

Please attach documentation of collaboration with another organization/government entity/school district in the planning, funding, and/or implementation of the proposed program.

For example, this may be a letter of support from the superintendent of the school district with which your organization will be collaborating on your proposed program.

Program Budget

Please upload a completed Program Budget (use [THIS FORM](#) found on the Community Grants webpage if you have not already completed the form).

Program Budget should include personnel expenses and non-personnel expenses for the requested program as well as projected revenue sources.

Please list foundations or other sources for funding with amounts committed as well as pending requests.

Final Report

All recipient organizations must submit a written final report to THCF at the conclusion of the program funded in the previous year, or twelve months from the date of the award. If you have a report to submit, attach it here.

Click on [THIS FORM](#) to download a template to be filled out and uploaded.