**Mentor Capacity Building Mini-Grant Application**

1. Organization Name:
2. Type (check boxes): 501(c)(3) Nonprofit  Government Agency  Other
3. Street Address:       City:       Zip Code:
4. Website:
5. Employer Identification Number (EIN) (or EIN of parent org. if an internal program):
6. Unique Entity Identifier Number:
7. SAM Registration Expiration Date:
8. Program Name (if different from organization name above):
9. Person to be Contacted on this Application:
10. Title:
11. Office Phone:
12. Email:
13. Executive Director:
14. Office Phone:
15. Email:
16. Areas to be served by Program (list cities, counties):
17. Amount Requested:
18. Amount Matched (dollar-for-dollar of total request):
19. How did you learn about this mini-grant?

**Please email your completed application and** [**W-9 form**](https://kanserve.ksde.org/resources/commission-mini-grants/mentor-capacity-building-mini-grant) **to** [**volunteer@ksde.org**](mailto:volunteer@ksde.org) **by February 5, 2024.**

**COMMUNITY NEED** *(no more than 500 words)*

* Describe the specific community need you plan to address and explain how this project will help meet that need.
* Describe the target population you plan to support and population size, service area and demographics.

|  |
| --- |
|  |

**GOALS AND IMPACT** *(no more than 500 words)*

* Identify the goal(s) for the proposed project.
* Describe the impact on your organization, youth, volunteers, and community.

|  |
| --- |
|  |

**PLAN** *(no more than 500 words)*

* Describe your plan to implement or enhance one or more of the Elements of Effective Practice for Mentoring and/or Supplements and identify the planned activities.
* Describe the resources you have that will make your proposed activities a success (i.e., money, staff, equipment).
* Identify who will implement the proposed activities (i.e., staff, existing volunteers).

|  |
| --- |
|  |

**BUDGET**

Please identify your proposed costs. This is a dollar-for-dollar match grant. This means that for every dollar you request in the Commission share, then you must also spend your own dollar in the Grantee share. See [Mini-Grant FAQ](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fkanserve.ksde.org%2Fdocs%2Fdefault-source%2Fkvc-library%2F2023-mini-grant-faq.docx%3Fsfvrsn%3D54bbfd18_3&wdOrigin=BROWSELINK) for more information.

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY OF EXPENDITURES** | **EXPENDITURE CALCULATION**  COST, ITEM, QUANTITY  *(Example: $5 shirts x 25 = $125)* | **COMMISSION SHARE** | **GRANTEE SHARE (MATCH)** |
| Personnel Expenses | **Not Allowable** | **Not Allowable** | **Not Allowable** |
| Supplies |  |  |  |
| Background Checks |  |  |  |
| Technology |  |  |  |
| Consultant |  |  |  |
| Training |  |  |  |
| Indirect Costs | **Not Allowable** | **Not Allowable** | **Not Allowable** |
| Other *please describe* |  |  |  |

**TOTAL:**       **TOTAL:**      

**I certify the above information is true and accurate to the best of my knowledge regarding the receipt and expenditure of the federal funds and in compliance with the grant conditions and program regulations.**

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Typed or Printed Name:  Title: