**Juneteenth Day of Service 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. Expiration date of SAM.gov registration:
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:
19. How did you hear about this grant opportunity?

**Please email your completed application and** [**W-9**](https://kanserve.ksde.org/docs/default-source/kvc-library/w9---blankd7c7dff8-78d1-4b08-9bfc-b5aa6853cb17.pdf?sfvrsn=97d783c1_3) **to** **volunteer@ksde.org** **by April 22, 2024.**

**EXECUTIVE SUMMARY** (approximately 150 words)

*Provide a brief summary of the project you will implement with the funds requested.*

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**COMMUNITY NEED, GOALS AND IMPACT** *(no more than 500 words)*

*Please describe the goal(s) and impact of your proposed project in the space below by responding to* ***all*** *bullet points within the narrative.*

* Describe the needs in your community that this project will help address.
* List the goal(s) for the proposed project.
* Describe the impact of the proposed project on your organization, volunteers and/or community.

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

*Please describe the plan for the proposed project in the space below by responding to* ***all*** *bullet points within the narrative.*

* Provide a detailed description of proposed Juneteenth Day of Service activities.
* Describe the resources you have to make the proposed activities a success (i.e.: money, staff, equipment).
* Describe the key players and collaborators who will implement the proposed activities (i.e., staff or existing volunteers).

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**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.

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| **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** |
| Travel |  |  |  |
| Supplies |  |  |  |
| Equipment | **Not Allowable** | **Not Allowable** | **Not Allowable** |
| Consultant |  |  |  |
| Training |  |  |  |
| Indirect Costs | **Not Allowable** | **Not Allowable** | **Not Allowable** |
| Other -- *Describe* |  |  |  |

**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: