**Social Justice 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 or Social Media:
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**](https://kanserve.ksde.org/docs/default-source/kvc-library/w9---blank.pdf?sfvrsn=70267438_3) **to** **volunteer@ksde.org** **by** **May 28, 2024.**

**EXECUTIVE SUMMARY** (approximately 150 word)

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

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**COMMUNITY NEED, GOALS AND IMPACT**

*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.
* Explain how you will ensure the sustainability of this project.

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**PLAN**

*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 capacity building activities, and how it ties into social justice.
* Provide a project timeline (grant period = June 1, 2024 – December 31, 2024).
* Describe the resources you have to make the proposed activities a success (i.e.: money, staff, equipment).
* Describe the key players, including youth, 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 for every dollar you request in the Commission share, 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%2Fdefault-document-library%2Fmini-grant-frequently-asked-questions.docx%3Fsfvrsn%3D860b9065_1&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:**       **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: