EMPORIA COMMUNITY FOUNDATION
2026 Match Day Organization Application

I. Cover Sheet
Please use this cover sheet as the first page of your application. **No cover letters, please.**

Organization Name: _____

Mailing Address: _____

Contact Name: _____ Phone: (____)_____

Contact Title: _____

Email (required): _____

Website: _____

Social Media: _____

Name of your ECF Fund: *(required to apply)* _____

2025 Operating Income $_____

2025 Operating Expenses $_____(**Must be $175,000 or under, excluding capital improvement funding, to be eligible for consideration.)**

Checklist
□ Narrative

□ Organizational Current Operating Budget (How much does your organization earn and how does it pay for what you do?)
□ List of officers and board members
□ Most recent annual report, financial statement, and investments

Please use the space provided to respond to the following questions.

Your organization's Mission:

Please describe the work of your organization *(750 character limit)*:

II. Narrative

Please answer the following questions.

1. When was your organization formed? *(100 character limit)*

2. How many people are served by your organization and in what geographic area(s)? *(500 character limit)*

3. What value does your organization provide to the greater Emporia area? (The greater Emporia area is considered Chase, Coffey, Greenwood, Lyon, Morris, Osage, and Wabaunsee counties.) *(1,200 character limit)*

4. How is your organization unique? *(1,200 character limit)*

5. How does your organization collaborate with other organizations and who are they?
   (1,000 character limit)

6. How will 2026 Match Day funds finance your organization's mission? *(1,000 character limit)*

7. How will your organization members promote the 2026 Match Day event and approximately how many of your organization's members will be active in this promotion and events? *(750 character limit)*

8. If you participated in the 2025 Match Day, how did your organization use the funds? *(750 character limit)*

9. List other community foundations (other than the ECF) where your organization has funds. *(150 character limit)*

10. Did your organization participate in other 2025 Match Days or similar events with other community foundations? If so, which community foundation(s) and how much did you receive in 2025? *(250 character limit)*

11. Is your organization a United Way Community Partner for the year 2026? *(50 character limit)*

12. Does your organization include real estate and who is the legal owner? *(250 character limit)*

13. List your previous Match Day information and include your goal for 2026:

Year	Number of Donors	Amount Raised from Match Day
2023		
2024		
2025		

**If you did not participate in Match Day during a certain year, please reply N/A.*

III. If your agency's ECF fund does not have the $10,000.00 minimum balance, then you must submit a plan as to how you will arrive at that level; otherwise $3,500.00 will be withheld the first two years and $3,000.00 the third year from their Match Day proceeds until you reach $10,000. Participation in Match Day for year 2 & 3 is not guaranteed because it is a competitive application process. *If your ECF fund balance is under $10,000.00, the attached addendum must be completed and submitted with your application. Contact ECF staff if you have questions or need your current balance.*

IV. Required Attachments (please provide in the order listed)

1. Organization's current operating budget. Please show expected operating revenue and expected operating expenses by category. (How does your organization receive money (revenue) and how does your organization pay for what you do (expenses)? This does not include capital expenses.) See example on the following page.

2. List of officers and board members.
3. Most recent annual report, financial statement, investments, and/or endowed funds.
4. Plan to reach the required $10,000 balance for your organization's fund if not in compliance.

V. Submit the following no later than 5:00 pm March 31st:

Please submit your organization's full proposal to the following email emporiacf@emporiacf.org, mail to the Emporia Community Foundation, 527 Commercial St, Ste. B, Emporia, KS 66801 or deliver in person to the ECF office.

Applications must be received by the ECF office by 5:00 pm March 31, 2026.
Questions? Feel free to contact the ECF staff at 620-342-9304 or emporiacf@emporiacf.org

Sample Budget:

Revenues	
Private Donations	$10,000
Grants	$ 2,000
Fundraisers	$10,000
Match Day	$10,000
Total	$32,000
Expenses	
Programs	$15,000
Utilities	$ 4,500
Insurance	$ 2,000
Office Supplies	$ 2,000
Postage	$ 1,500
Printing	$ 2,000
Marketing & Advertising	$ 1,000
Fundraising	$ 1,500
Total	$29,500

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MATCH DAY ADDENDUM

(for organizations with an ECF Fund balance under $10,000.00)

Organization Name: _____

Name of ECF Fund: _____

Date your ECF Fund started: _____ Current ECF Fund balance:_____

Has your ECF Fund ever had a balance over $10,000 and why is it below the goal now: *(750 character limit)*

What are the plans to bring your ECF Fund balance to the goal of $10,000 or more? *(1,000 character limit)*

_____ _____

Name of organization representative Title