



## **SADIE JONES FUND**

Grant Application

***While the main focus of the Sadie Jones Fund is to provide for vision and hearing needs of children in Lyon and Chase counties, the Fund shall also have the ability to utilize the funds to provide resources related to the public health & safety matters affecting children in Lyon and Chase counties.***

### **I. Cover Sheet**

Please use this cover sheet as the first page of your proposal. **No cover letters, please.**

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Program Address, if different than above: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact Title: \_\_\_\_\_

Email (required): \_\_\_\_\_

Requested \$\_\_\_\_\_ Request is \_\_\_\_\_% of project budget and \_\_\_\_\_% of agency budget.

Location (s) served: \_\_\_\_\_

#### **Attachment Checklist**

- Narrative
- Project Budget
- Organization Budget
- List of officers and board members
- Most recent annual report and financial statement

#### **Funding Need**

- New Program
- Existing Program

Please use the space provided on this cover page rather than an attachment to respond to the following:

Brief description of the project (50 words max):

Mission of organization:

**Additional Requirement on pages 2 & 3**



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**II. Narrative**

Please attach answers to the following questions in the order presented. Limit your total response to four pages, using standard one-inch margins, single-spacing and 12-point font.

1. What is the situation, problem, or opportunity this grant will address?
2. How will this grant support the mission of the requesting organization?
3. How many people will be served by this grant?
4. What resources are available to dedicate to the project, including staff, volunteers, existing funds, and community partners?
5. How is this approach to the issue unique or what gives it a high likelihood of success?
6. How will success be measured and how will you continue to fund this project once grant funds are expended?
7. What is the organization’s timeline for achieving the objectives of the grant?
8. What other funding sources have been approached and what have the responses been?

**III. Project Budget**

Please place a one-page budget for the proposed project immediately after the narrative.

Under the heading **Revenues**, list all committed and potential sources of funds for the project.

Under the headings **Expenses**, list all categories of expense, and estimated amounts.

*Example Project: Preschool Eye Exams (amounts for illustration purposes only)*

*Revenues*

<i>Private donations</i>	<i>\$2,000 (committed)</i>
<i>Magazine fundraiser</i>	<i>\$ 500 (projected)</i>
<i>Sadie Jones Fund</i>	<i><u>\$3,000 (requested)</u></i>
<i>Total</i>	<i>\$5,500</i>

*Expenses*

<i>Correspondence</i>	<i>\$2,000</i>
<i>Exams</i>	<i>\$1,500</i>
<i>Follow Up</i>	<i><u>\$2,000</u></i>
<i>Total</i>	<i>\$5,500</i>



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

1. Organization's current budget
2. List of officers and board members
3. Most recent annual report and financial statement

**V. Copies**

Please submit:

- 1 copy of your full proposal, including all attachments
- 7 staple copies of the coversheet, narrative, project budget, and board list

**When possible, please submit *double-sided copies* of the above materials.**

Submit all copies of your proposal by 5:00 p.m. on  
**June 1, 2020 and/or October 1, 2020**  
to:

Emporia Community Foundation  
527 Commercial Street, Suite B, Emporia, KS 66801

Questions? Contact Becky Nurnberg @ 620-342-9304 or  
[becky.nurnberg@emporiacf.org](mailto:becky.nurnberg@emporiacf.org)