

# Central Kansas Kids FUNd

2010 Application

Please limit your request to two pages only.

<b>Organization Name:</b>			
<b>Mailing Address:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Executive Director/Contact Person</b>			
<b>Email Address</b>			
<b>Project Director:</b>			
<b>Project Title:</b>			
<b>Approximate number of children to be served by this project:</b>			
<b>Total amount of funding requested (not to exceed \$1000)</b>			

<b>Please provide a brief description of your agency and the population served.</b>

<b>Please describe how your agency will use the requested funds.</b>

**How will this project directly impact the children your agency serves?**

**Please itemize and prioritize the proposed budget for this project.**

**If the project cost is greater than your request, how do you plan to raise the remaining balance?**

**Have you applied for other sources of financial support for this project? If so, please identify:**

- We give permission to use our group's name and project in publicity.
- We have included proof of our IRS 501 (c) (3) status with this application

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit Online** using the button to the right – OR –  
**Mail to** the following address:  
Central Kansas Kids FUNd  
c/o Central Kansas Community Foundation  
301 North Main, Suite #200  
PO Box 548  
Newton, KS 67114