



620-421-0723 ♦ 120 North 22nd ♦ PO Box 894 ♦ Parsons, KS 67357 ♦ parsonsareacf.org

Dear Parsons Area Community Foundation Grant Applicants:

Our community is very fortunate in having this Foundation established by donors to benefit the residents of Parsons and the surrounding area. The Parsons Area Community Foundation receives many requests for financial support each year. Our goal is to support requests that will benefit the widest section of residents as possible, best meet our mission to create a positive impact on the communities of our area, and reflect the wishes of our donors.

QUALIFICATIONS FOR GRANTS:

Applicants for grants must be located or operating in the general radius of 25 miles of Parsons. The applicant must qualify as either (1) a charitable organization described in Sections 501(c)(3) of the Internal Revenue Code, or (2) a political subdivision of the State of Kansas including municipalities, school districts, or higher education. Grants to municipalities or public schools are to enhance, rather than supplant, funding through taxes.

TWO-STEP APPLICATION PROCESS

The application process begins with an initial request made on the form found on the second page. This form should be submitted to the Parsons Area Community Foundation on or before **Friday, January 27th, 2012**. Our Grant Committee will review and score the proposals on a rubric in order to make recommendations to the board of which proposals to forward into the final stage of consideration. Applicants will be notified the last week of February as to their status, and whether further information is needed. If you are asked to provide additional information about your project, that information will be due by March 23, 2012. All proposals making it to this final stage will be reviewed by the entire board April 12th. Depending on funds available and donor wishes, some grants may receive full funding, some partial, and others may be declined. Results will be sent by email. Those receiving funding will be invited to a granting reception in early May.

Please call our office with any questions regarding the application process.

Sincerely,

Anne Allen
Executive Director



Initial Grant Proposal

Name of Organization _____

Key Contact _____ Title _____

Phone: _____ Email: _____ Web Address _____

Project Title _____

Start Date: _____ End Date: _____

Proof that your charitable organization has been designated 501(c)(3) by either attaching your letter of determination from the IRS or a copy of the first page of the last 990 filed. Not applicable to government agencies or schools.

Project Information

Project Summary: Please summarize succinctly the details of your project, including the following, and attach to this form:

- a) Problem you will address—how it was identified and how you propose to address it
- b) Who and how many individuals will benefit
- c) How this project “fits” with the work of your organization
- d) Groups or organizations you will collaborate with on this project
- e) Financial information including how this project will continue once the grant funding ends

Budget Information

Amount Requested from the Parsons Area Community Foundation \$ _____

Applicant’s Existing Funding \$ _____ Other Funding: \$ _____

Applicant’s In-kind Funding \$ _____ Total Project Budget \$ _____

Applicant Organization Authorization

Executive Director: _____ Date: _____

Board President/Authorized Officer: _____ Date: _____

Mail completed applications to:
Parsons Area Community Foundation
PO Box 894
Parsons, KS 67357

By email:
Send to: allen@parsonsareacf.org
FAX: 877-854-2060