



**COMMUNITY  
FOUNDATION**  
OF SOUTHWEST KANSAS

# 2026 GRANT APPLICATION

**Return completed form and requested attachments. Please use  
this sheet as the cover page for your project proposal.**

Date: \_\_\_\_\_

Requesting Organization: \_\_\_\_\_

Fed Tax I.D. #: \_\_\_\_\_ Year Incorporated: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Total Cost of the Project: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Contact Person for this project is: \_\_\_\_\_

**Please include:**

- Attach a detailed budget for this project.
- Nonprofit organizations need to attach the IRS determination letter.
- Nonprofit organizations attach a copy of the most recent financial statement. Please include your most recent profit and loss statement.
- Past CFSK grant recipients should attach press releases or other public announcements of past grant awards.
- Grant Applications are due no later than 10/01/2026.
- Please do not staple, use paper clips. Do not put material in a presentation folder or binder. Applications must be photo-copy ready. Please DO NOT submit application by e-mail or fax.

Briefly describe how you will make a public announcement(s) or garner publicity for the award of the grant.

Summary of the proposed project. Please note the desired outcome of your project. (*Maximum of 400 words.*)

A large empty rectangular box with a black border, intended for the user to write a summary of their proposed project.



**The Community Foundation of Southwest Kansas (Foundation or CFSK\*) requires that the grant recipient execute this funding agreement prior to the disbursement of funds.**

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***Grant recipients agree to:***

- I. Use the name and/or logo of the Community Foundation of Southwest Kansas in connection with funded or partially funded projects that relate this grant award.
- II. Provide the Foundation with a report telling how funds were used. Statistical information, (ie: how many people served) and results or outcome of your project/program if possible. Report is due no later than September 1 (Photographs are always appreciated.)
- III. At no time shall funds from this grant be used to carry on propaganda or attempt to influence legislation within the meaning of IRS Code section 4945; or, influence the outcome of any specific public election; or, to carry on directly or indirectly any voter registration drive.
- IV. All funds shall be used for charitable purposes; and, reasonable records of expenditures relating to this grant will be kept and made available upon request. Unused funds shall be returned to the Community Foundation.
- V. The Community Foundation request the Foundation’s logo is used in conjunction with your organization’s press **releases, newsletters and other publications** that reference this grant. CFSK’s logo is available upon request.
- VI. The Community Foundation request the grant recipients prepare and present to the local newspapers a press release detailing the grant recipients’ program and acknowledging the funding or partial funding from the Foundation. Please forward newspaper clippings to the Foundation.
- VII. Failure to abide by any or all the Grant Agreement terms, listed above, could result in disqualification for future grants and/or a request from the Community Foundation for the return of the granted funds.
- VIII. Grant funds are recommended to be held in a separate account.

**Publicity Waiver:** CFSK\* reserves the right to publicize awarded grant through a variety of media channels. Grant recipients agree to participate and give CFSK permission irrevocably and in perpetuity without additional compensation use, adapt, reproduce, distribute, display the name and any marks owned by grant recipient, in whole or in part, throughout the universe, in connection with promotion or marketing activities of CFSK and/or affiliates.

**APPLYING ORGANIZATION’S SIGNATURE IS REQUIRED**

\_\_\_\_\_  
Managing Director’s Signature (applicant)

\_\_\_\_\_  
Board Chair’s Signature (applicant)

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Name

Primary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_