THE KAULIG FOUNDATION

**1521 Georgetown Road**

**Hudson, OH 44236**

The Kaulig Foundation (the “Foundation”) invites you to submit a grant application for funding consideration.

**Grant Application Checklist**

Please provide to the Foundation all of the items on the following checklist:

**\_\_\_\_\_ Grant Application/Proposal**

**\_\_\_\_\_ Certification containing two original signatures**

**\_\_\_\_\_ IRS determination letter reflecting status as a tax-exempt public charity**

**\_\_\_\_\_ Most recent Form 990**

**\_\_\_\_\_ Current operating budget for your organization**

**\_\_\_\_\_ Most recent audited financial statements (if an audit is not conducted, please include financial statements that include a balance sheet and an income statement for your most recent fiscal period)**

Should you have any questions or wish to discuss a project prior to submitting your application, please contact Stacey Langal at [slangal@kauligfoundation.org](mailto:slangal@kauligfoundation.org).

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| --- |
| **For Office Use Only** |
| Hard copy with signatures submitted to the Foundation on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail copy sent to the Foundation on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2019 Grant Application/Proposal**

***Grantseekers wishing to request funding must be classified as an organization tax-exempt under Section 501(c)(3) of the Internal Revenue Code (the “IRC”) and must be classified as a public charity, meeting all support requirements promulgated under Section 509(a) of the IRC with respect to public charity status. The Foundation does not accept applications from private foundations, individuals, Type III organizations, foreign organizations, or organizations that require expenditure responsibility by the Foundation. The Foundation also does not provide support for fundraising events, advertising, covering past operating deficits or debt retirement, building fund commitments, lobbying or political activities, organizations that discriminate on any basis or any other program that would violate the charitable purposes of the Foundation.***

|  |  |
| --- | --- |
| **Is your organization a nonprofit entity and did your organization receive a determination letter from the IRS granting status as a 501(c)(3) organization?** |  YES  NO |
| **Is your organization classified as a public charity, meeting the public support requirements of Section 509(a) of the IRC?** |  YES  NO |
| **Is your organization in compliance with all requirements of a nonprofit corporation and a 501(c)(3) organization?** |  YES  NO |
| **Are any of your officers, directors or trustees related to or affiliated with the Kaulig Foundation or any of its directors or officers?** |  YES  NO |

**Applicant Organization:**

**Physical Address:**

**Preferred Mailing Address (if different than above):**

**Project or Program Name:**

**Project Start Date:** **Project End Date:**

**Total project budget:** **Amount of request:**

**Is this a multi-year request?**   YES  NO

If yes, please fill out the table below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 2** | **Year 3** | **Year 4** |
| **Projected Budget ($)** |  |  |  |
| **Projected Request ($)** |  |  |  |

**Date approved by your Board of Directors:**

**Contact person[[1]](#footnote-1):** **Phone no.:**

**Address:**

Fax no **E-mail:**

1. **Project Overview.**
2. What purpose will the project address, and how does this further your charitable mission? Please also state your charitable mission.
3. How will the project be delivered? What is the timeline? What programs/services will be delivered?
4. How will the project meet the purpose identified in 1a?
5. Do you certify that the grant funds will be used only for the purpose identified in 1a?
6. What is the size of the target population? How many will this project reach/serve?
7. Why is it appropriate for your organization to carry out the proposed project?
8. What will the Foundation’s responsibilities be under the grant (i.e., disbursement dates and amounts, if applicable)?
9. Do you acknowledge the Foundation’s authority to withhold and/or recover grant funds in the event that the funds are, or appear to be, misused?

**2. Goals and Evaluation**.

* 1. What are the specific project goals (with measurable outcomes)?
  2. What will define “success?”
  3. What evaluation methods and criteria will be used to evaluate whether or not the program goals have been met and the effectiveness of this program?
  4. Which volunteer body will oversee this project? What will be its role? Who will it involve? How often will it meet?
  5. Do you agree to provide to the Foundation quarterly written reports on the use of the grant funds?
  6. Do you agree to provide to the Foundation upon completion of the project a final written report and accounting detailing how the grant funds were used and how those uses furthered the charitable purpose for which the grant was made? Do you agree to provide the Foundation with more frequent reports upon the reasonable request of the Foundation?
  7. Do you agree to meet with a representative from the Foundation during this grant application process, during the project and after the project?

h. Do you agree to work with the Foundation to establish measurable parameters and reporting obligations relating thereto in order for the Foundation to evaluate the effectiveness of the project and the Foundation’s grant to your organization?

**3. If the program is successful, how will it be funded beyond the period of the Foundation grant?**

**4. Please provide a detailed budget for the project, which detailed budget must include the other sources of support for the project and an itemization of all anticipated expenses. Please use the Budget format set forth above but modify/add categories of income and expenses as necessary.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2019-2020 Grant Application Budget Form** | | |  |  |
|  | Proposed Budget | Comments (please provide additional information, as needed, to clarify this line item) |  |  |
|  |  |  |  |  |
| **Income** | **$** |  |  |  |
| **Request:** **Kaulig Foundation** |  |  |  |  |
| Your Institution |  |  |  |  |
| Participating Partners |  |  |  |  |
| Fund Raising |  |  |  |  |
| Government Funding |  |  |  |  |
| Program Fees/Tuition |  |  |  |  |
| Kaulig Foundation |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please List) |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please List) |  |  |  |  |
| **Total Income** | **$** |  |  |  |
|  |  |  |  |  |
| **Expenses** | **$** |  |  |  |
| Professional Salaries |  |  |  |  |
| Support Salaries |  |  |  |  |
| Staff Development |  |  |  |  |
| Benefits |  |  |  |  |
| Office Expenses |  |  |  |  |
| Marketing/Postage |  |  |  |  |
| Program Materials, Direct Expenses |  |  |  |  |
| Conference Fees |  |  |  |  |
| Conference Travel |  |  |  |  |
| Speaker Fees |  |  |  |  |
| Speaker Travel/Hotel/Meals/Misc. Expense |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please List) |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please List) |  |  |  |  |
| **Total Expenses** | **$** |  |  |  |
| **A Balanced Budget Must Be Submitted** | | |  |  |

**CERTIFICATION**

All Applications submitted must have the original signatures of the organization’s Executive Director and President (or another officer in the absence of the President).

**I certify that the information provided in the attached Grant Application/Proposal is true to the best of my knowledge:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Executive Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President (or other officer) Officer/Title Date

1. This individual will be responsible for providing any additional information that is requested, scheduling meetings, etc.; typically the executive director or program director. [↑](#footnote-ref-1)