

***For internal use only***

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

ID Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHARLES E. CAREY MEMORIAL FUND**

**2023 GRANT APPLICATION**

**Organizational Information**

Applicant organization name:

Federal EIN:       Year founded:

Organization’s total operating budget:

Mission statement of organization:

Executive Director/Authorizing Official:

Address:       City, State, Zip:

Phone:       Email:

Grant contact name:       Title:

Phone:       Email:

**Proposed Project Information**

Projected number of Reno County residents to benefit from project:

Proposal will fund:

☐ Operating Support ☐ Capacity Building ☐ Equipment ☐ Specific Program

Choose the one project theme that best describes this project or request:

☐ Arts & Culture ☐ Education ☐ Early Childhood

☐ Health ☐ Substance Abuse Prevention ☐ Mental Health

☐ Disability Supports

**Funding Request**

Amount requested from the Charles E. Carey Memorial Fund:

**Project Budget & Project Narrative**

Please clearly address the following points. Please limit your total narrative to two pages or less.

List all expenses for the proposed project.

|  |  |
| --- | --- |
| **Project Expenses** | **Amount** (round to nearest whole dollar) |
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| **Total Grant Request**  |       |

**Describe how these grant funds would be used, including the activities involved.**

**Describe the specific needs this funding will address and any change you hope to see as a result of your funded program or project.**

**How will you know if your program or project is successful?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | **Role on Board** | **Years of Board Service** | **Occupation/Work** | **Phone** |
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**Board of Directors**

List your Board of Directors, their affiliations, terms, and phone numbers.

**SIGNATURES (REQUIRED FOR CONSIDERATION):**

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***(Print)* Executive Director/Authorizing Official *(Signature)* Executive Director/Authorizing Official Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

***(Print)* Board Chairperson *(Signature)* Board Chairperson Date**

*With this signature, the Board of Directors of the Applicant Organization has approved the submission of this grant proposal.*

**Submit eight printed copies of this application along with the organization’s budget by NOON Friday, January 13, 2023.**

*Copies must be three-hole punched and paper-clipped. Please do not use staples.*

Hutchinson Community Foundation

Attn: Sarah Blake

1 North Main Street, Suite 501

PO Box 298

Hutchinson, KS 67504-0298