



Grant Application Form

Tab to each field to complete form. Print and submit along with supplemental materials.

AIDS Service Foundation of Greater Kansas City (ASF) Mission: The mission of the Corporation shall be to assist in funding organizations which provide food, shelter, medical care and other services to diverse communities dealing with HIV/AIDS, their families and friends, and which promote public education about HIV infection. The mission will be accomplished by awarding grants to not-for-profit organizations which serve specialized needs of the diversity of communities in dealing with HIV/AIDS.

Name of Organization

Project Title

Amount Requested \$ Number of People Affected by Project

Purpose of project
50 words or less.
NOTE: Your project must fit with ASF's mission.

Please indicate how your project aligns with ASF's mission (check all that apply):

Provides food

Provides medical care

Promotes HIV/AIDS education

Provides shelter

Promotes HIV/AIDS prevention

Address

City State Zip Code

Website URL

Executive Director / Paid Head of Staff

Name / Title
Telephone () -
Fax () -
E-mail

Primary Contact, if different

Name / Title
Telephone () -
Fax () -
E-mail

Program Information

Nonprofit organization with 501(c)(3) status

Public School

Faith-Based Organization

Other:

Are you a past grantee of the AIDS Service Foundation of Greater Kansas City? Yes No

Additional Grant Criteria

We encourage all grant recipients to take part in ASF fundraising activities. Please indicate your organization's past or planned participation (please check all that apply):

Yes No AIDS Walk Team or Individual Walker

If yes, how many years? _____

If no, will you field a team or participate as an individual at the 2017 AIDS Walk? _____

Yes No Participation with one of the primary AIDS service organizations:

Good Samaritan Project -
description: _____

Hope Care Center - description: _____

Kansas City Free Health Clinic -
description: _____

SAVE, Inc. - description: _____

Yes No World AIDS Day

If yes, how many years? _____

If no, will you consider being a part of the 2016/17 World AIDS Day? _____

Proposal Checklist

Required

1. Copy of the current IRS determination letter indicating 501(c)(3) tax exempt status or that of your fiscal sponsor
2. Narrative - not to exceed six single-sided or three double-sided pages. *(You may include the following information: organization's mission, organization's history, quantifiable goals of the project, organizational partners and their roles/responsibilities, demonstration of need.)*
3. Financial information *(total project budget - by line item, organization's balance sheet)*

Optional *(Exclusion of any of these items will not have an impact on whether your grant application is approved.)*

4. Detailed timeline of implementation
5. Project evaluation process *(including evidence of measures of success based on your proposed activities)*
6. Organization's board of directors and their principal affiliations
7. Any additional programmatic requirements

Authorized Signature

I certify that the information contained in this application is true and accurate. I understand that funds I receive from the AIDS Service Foundation of Greater Kansas City which were provided based upon misrepresentations or falsehoods are subject to either return or forfeiture, or other legal remedy as provided under law. I also pledge that all funds will be used only for the purposes stated in the grant proposal. Lastly, I attest that the organization described above is not involved in any pending court action, fine, penalty, or judgment.

Signature - Executive Director / Paid Head of Staff _____

Date: _____