



Kansas Digital Equity and Inclusion Collaborative RFP Grant Proposal

A. Organization Information

1) Applicant Organization Name and Address

2) Applicant Tax ID Number

3) Are you submitting this proposal as a fiscal sponsor?

A fiscal sponsor is a public charity that has entered into a relationship with a non-charity to assist with a charitable project. Typically, a potential grantee partners with a fiscal sponsor because the potential grantee is not an IRS-recognized public charity. If you are applying as a church or government entity, this does not apply to you. If you still have questions as to whether or not this situation applies to your project, please contact KHF Grants Officer, Blair Weibert, at bweibert@khf.org.

Yes
No

4) If you are a fiscal sponsor, please complete the following questions:

- i. Name and address of organization being sponsored.
- ii. Phone number of organization being sponsored
- iii. Tax ID number of organization being sponsored.
- iv. Please list the mission of the organization being sponsored.
- v. Please list any projects on which you have previously collaborated with the organization you are sponsoring, along with your plans to ensure effective communication throughout the grant period for this project.

B. General Information

1) Project Title

2) Requested Funding Amount
\$

3) Start Date

4) End Date

5) Geographic Region Served

Select the best option based off of our [KHF map](#).

South Central	West Central	Southwest	Northwest	Central
East Central	North Central	Southeast	Northeast	All



- 6) Please indicate the role of each individual associated with this funding request. Include their name, job title and email.

Primary Contact (*Individual authorized to sign legal documents at your organization.*)

- **Contact Name:**
- **Title:**
- **Email:**

Project Director (*Individual serving as the point of contact for the proposed grant-funded activities.*)

- **Contact Name:**
- **Title:**
- **Email:**

Proposal Contact (*Individual completing this application.*)

- **Contact Name:**
- **Title:**
- **Email:**

- 7) Provide a brief narrative to describe how funding would be used.

Please use this formula:

[PRIMARY WORK] to/for [TARGET/GOAL] for [POPULATION SERVED] in/across [GEOGRAPHY]

Example:

Conduct community forums and advocacy training workshops to raise awareness and build skills to advocate on behalf of uninsured minorities in Western Kansas.

- 8) Describe applicant organization's mission and how it aligns with the stated aims of this RFP.

C. Proposal Narrative

- 1) Provide a description of the organization's existing or past efforts in championing policies and issues impacting digital equity and inclusion for families and children, as well as current relationships with other active stakeholder/coalitions, if applicable.
- 2) Describe the community(ies) prioritized by your organization's efforts and why, as well as your connection to those communities.
- 3) How will you approach developing a diverse collaborative of stakeholders that includes engagement from households most impacted by digital inequity?
- 4) Describe your planned approach for working with your collaborative to create a framework for advocating for policies, programs and services for improved broadband adoption and digital literacy that is driven by community input.
- 5) What bold policies do you imagine your collaborative would promote to increase digital inclusion for families of color and those experiencing the greatest barriers to academic and economic success?



- 6) Identify key personnel, partners and their roles in advancing this work.**
- 7) What will be different because of this effort?**



D. Budget and Narrative

- 1) Please provide a clear, three-year budget for all potential costs associated with this grant for a total of up to \$250,000 in the budget table and budget narrative below. Ensure all necessary costs are identified for each category as described below, along with a description of how you arrived at your total for each category. Please budget by *grant* year, not calendar year.

Item 1 in this section describes only the funding being requested from KHF. If your proposed work is being supported through *additional* funding sources, please *describe that detail in Item 2* which follows the KHF budget table and budget narrative section.

Budget Table

Complete each of the applicable budget categories (personnel salary and benefits, project/capacity building costs, consultants and indirect costs) for each year of your proposed work. Annual salary increases are limited to 3% on multi-year grants.

Budget Narrative

Complete the required budget narrative by providing a description and justification for each category included in the budget table.

- **Salary:** Document each position included in the budget (indicating if the position is existing or new) to support the proposed work - include in the description %FTE, salary and fringe benefits (maximum 25% of salary) being used to calculate the annual total. This category does not include consultants or contract workers not considered regular employees of the organization. Annual salary increases are limited to 3%.
- **Project Costs:** Document costs directly associated with implementing initiative (travel, supplies, meetings, etc.). Break out subcategories to support total dollars requested in the comments box.
- **Consultants:** Document costs for contract workers who are not regular employees, such as board development, communication or evaluation consultants brought in for a specific, time-limited purpose.
- **Indirect Costs** (if applicable): KHF allows indirect costs up to a maximum of ten percent of the total budget. Indirects are not project-specific but support organization's overhead and necessary to the operation of the project. Examples: postage, telephone bills, printer ink, facility rent or lease, utilities.

	Salary	Project Costs	Consultants	Indirect Costs	Total
Grant Year 1	\$	\$	\$	\$	\$
Grant Year 2	\$	\$	\$	\$	\$
Grant Year 3	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$



Narrative	
Salary	
Project Costs	
Consultants	
Indirect Costs	

2) Please indicate below if your proposed work is being supported through *additional* funding sources.

Enter approved and pending funding sources that are financially tied to this effort, including the amount you are requesting from KHF for this proposal. This section informs us of additional support if the project requires more funding than that being requested from KHF in this proposal. Add additional rows if necessary. Please note, this is *not* a request for applicant's organizational budget.

Total Project Funding (include approved and pending sources)	
Source	Total
Kansas Health Foundation - pending	\$
	\$
	\$
TOTAL ANTICIPATED FUNDING	\$

A. Required Attachments

You will need to attach the following documents when submitting your application.

- 1) **Acknowledgement of agreement review:** KHF requests all applicants review our grant agreement template and confirm that if your proposal is awarded funding, you will accept the terms listed in the grant agreement by signing our Acknowledgement of Agreement form. The boilerplate and acknowledgement of agreement form can be found [here](#). Once downloaded and signed by the appropriate personnel at your organization, please attach the completed document to this proposal below. KHF accepts both physically or electronically signed copies.
- 2) **Electronic Funds Transfer Authorization and W9:** All funds for awarded grants are distributed via electronic funds transfer. All applicants are required to submit both a completed [EFT Authorization form](#) and a completed [W9](#) to be considered for funding. Any questions should be directed to Mary Poort, Finance Assistant, at mpoort@khf.org.
- 3) **Required Financial documents:**
 - i. **Non-profit organization applicant**
 1. IRS Form 990 - Most Recent
 2. 2021 Organizational Budget
 3. Most recent unaudited financial statement (balance sheet)
 4. Most recent audited financial statement (if available)
 5. Statement of Cash Flow
 - ii. **Government entity applicant**
 1. Enabling Statute: This is the law passed to specify the name, purposes, functions, and powers of a governmental administrative agency. Most organizations have this document in their archives; it can also be found on the Secretary of State website for the state in which the organization is legally formed.
 - iii. **Church applicant**
 1. Group Ruling Letter (if available): Organizations identifying themselves as a church must submit documentation confirming their status.
- 4) **Fiscal Sponsor Agreement:** If you are submitting an application as part of a fiscal sponsorship, please download and attach a completed [Fiscal Sponsor Agreement](#) with your application. Applicants in a fiscal relationship are required to include a signed agreement with their application to be considered for funding.