

2021 Impact and Capacity 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 you have previously collaborated on 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) Which type of application are you requesting funding for? *(indicate one)*

Impact
Capacity Building

2) Project Title

3) Requested Funding Amount

Maximum requested amount is \$25,000
\$

4) Start Date



5) End Date

Maximum grant term is 24 months

6) It is helpful for us to understand where your efforts will be focused in terms of the four key impact areas KHF prioritizes: Access to Care, Healthy Behaviors, Civic and Community Engagement, and Educational Attainment.

We know your efforts may overlap with more than one category in terms of impact, so please indicate below which impact area you consider to be primary.

Access to Care
Healthy Behaviors
Educational Attainment
Civic and Community Engagement

7) 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

8) 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:**

9) 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.

- 10) Describe the mission of applicant organization and how this aligns with KHF's mission to improve the health of all Kansans.
- 11) What will be different because of this effort?

C. Proposal Narrative

Impact Grants

*This section is to be completed **ONLY** if you are applying for an **IMPACT** grant.*

- 1) Provide a narrative description of the proposed strategies and implementation plan. Please include descriptions of other organizations that will serve as partners in key roles for this effort, if any.
- 2) Describe the disparities experienced by the Kansans being engaged through this effort and how they are being involved in the proposed intervention.
- 3) Describe the extent to which you connect with/have working relationships within the community being served.

Capacity Building Grants

*This section is to be completed **ONLY** if you are applying for a **CAPACITY BUILDING** grant.*

- 1) Describe the community(ies)/population(s) being served by your organization.
- 2) Describe the extent to which you connect with/have working relationships within the community being served.
- 3) Describe how grant funding would help develop stronger organizational capacity to make progress toward the applicant organization's vision/mission.



D. Budget and Narrative

- 1) Please complete this budget table and budget narrative. 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.
- **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
	\$	\$	\$	\$	\$
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 what is 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) **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.
- 2) **Required Financial documents:**
 1. **Non-profit organization applicant**
 1. IRS Form 990 - Most Recent
 2. Most recent unaudited financial statement (balance sheet)
 2. **Government entity applicant**
 1. Provide documentation establishing your organization's status as a government entity. Acceptable forms of documentation include enabling statutes or IRS letter of determination.
 3. **Church applicant**
 1. Group Ruling Letter (if available): Organizations identifying themselves as a church must submit documentation confirming their status.
- 3) ****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.

**For Impact grants only*

***For those applying as a fiscal sponsor only*