

Please complete the following form. You must use only this form for the first step in our process. It must be returned as a pdf file. You may NOT add additional pages.

APPLICANT NAME (legal name of organization as it is filed with the IRS)		
CONTACT PERSON		POSITION
ADDRESS	CITY & STATE	ZIP
EMAIL	PHONE	FAX
NAME OF CEO/DIRECTOR		NAME OF BOARD PRESIDENT/CHAIR
NAME OF PROJECT/PROGRAM TO BE FUNDED (if applicable)		TOTAL PROJECT/PROGRAM BUDGET (if applicable)
REQUESTED AMOUNT OF FUNDING	REQUESTED PERIOD OF FUNDING	REQUESTED START OF FUNDING (date)
TYPE OF FUNDING REQUEST (PICK ONLY 1)	GEOGRAPHIC AREA SERVED BY THIS REQUEST (cit/ies, count/ies, state/s)	TOTAL ANNUAL OPERATING BUDGET
IF FUNDED, WILL YOUR PROPOSAL, DIRECTLY IMPACT YOUTH? YES NO	UNDER WHICH OF THE FOLLOWING AREAS DOES YOUR PROPOSAL MOST APPROPRIATELY FALL?	
DIRECTLY IMPACT GREATER KANSAS CITY? YES NO		

MISSION STATEMENT OF YOUR ORGANIZATION

SUMMARY OF YOUR GRANT REQUEST

SUMMARY OF THE MAIN OUTCOMES YOUR GRANT REQUEST WOULD ACHIEVE