

COMMUNITY UPLIFT FOUNDATION OF OVERLAND PARK ROTARY

Grant Application

Purpose: We support programs that improve quality of life for disadvantaged children and families, with primary interest in Kansas City Metro. Program funding is preferred; eligible capital projects and scholarships may also be considered. Projects with measurable results and opportunities to leverage other funding are encouraged.

Before submitting: Please complete this application and attach the required documents listed on page 3. Keep responses concise; use additional pages only when necessary.

Grants are reviewed/awarded twice per year. Application deadlines are October 31st and March 31st. Email submissions to president@communityupliftfoundation.org.

1. ORGANIZATION

Organization name	
Primary contact / title	
Email / phone	
Website	
Local address	
501(c)(3) status / EIN	

- A. Organization mission and brief history. Give enough context for reviewers to understand your organization and its relevant experience. Save the project description for below.

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- B. Why is your organization well positioned to carry out this project?

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2. PROJECT AT A GLANCE

Project / program name	
Amount requested	\$
Project period	From To

- A. **What will the grant fund, and why is this project needed?** Briefly describe the need, the proposed solution, and the specific use of Foundation Funds

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- B. **Who will benefit?** Identify the population served and the geographic area.

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- C. **How will you know you succeeded?** Describe how results will be measured and when you expect to see them.

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- D. **Are there other collaborators or partners?** Name key partners and briefly describe their roles, if applicable. Please include any other funding sources.

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3. BUDGET

Please provide a high level breakdown of expected income and expenses below. You may attach a one-page project budget instead.

INCOME	AMOUNT
Amount Requested	\$
Funding From Your Organization	\$
Other Income Sources	\$
TOTAL INCOME	\$
EXPENSES	AMOUNT
1.	\$
2.	\$
3.	\$
4.	\$
TOTAL EXPENSES	\$

4. REQUIRED ATTACHMENTS

Please share the following via link or attachment.

	Current IRS Form 990 (or equivalent current financial information)
	Proof of 501(c)(3) status
	Current board member list

5. CERTIFICATION

I certify that the information provided in this application is accurate to the best of my knowledge and that Foundation funds will be used for the purposes described in this application.

Authorized representative	
Title	
Signature	
Date	

6. FOUNDATION REVIEW

Foundation use only

Committee Review Date		Amount Applied For	\$
Board Approval Date		Amount Recommended	\$
Notes			

Applications are reviewed by the Foundation committee. Awards are subject to final approval by the Community Uplift Foundation Board of Trustees, consistent with the current grant procedure.