

# Youth Impacting Community

*Greater Manhattan Community Foundation  
555 Poyntz Avenue, Suite 269  
PO Box 1127  
Manhattan, KS 66505-1127  
(785)587-8995 foundation@mcfks.org*

## REQUEST FOR PROPOSALS

**DEADLINE:** All applications must be received at the Greater Manhattan Community Foundation office by Friday, **October 8, 2010, no later than 3:00pm.** Applications may be mailed or delivered to 555 Poyntz Avenue, Suite 269, P.O. Box 1127, Manhattan, KS 66505-1127.

The Manhattan Community Foundation's Youth Impacting Community announces the availability of grant funds to support:

- ❑ Projects initiated by youth;
- ❑ Projects that will directly affect children and youth;
- ❑ Projects designed by, implemented by, or involving children or youth.

### Eligibility

Eligible applicants include charitable nonprofit tax-exempt organizations, as defined by the Internal Revenue Code, which are serving the greater Manhattan area. Preference will be given to organizations based in Manhattan – Riley County or if located outside the county, are working in partnership with an organization based in Manhattan – Riley County.

### Selection Criteria

The YIC program has a total of \$5,000 available for grants. In evaluating each application, funding decisions will be based, in part, on the following criteria:

- ❑ Projects that involve youth.

### Use of Grant Funds

YIC does not make grants to individuals. We also will not support the following:

- ❑ Ongoing operating expenses;
- ❑ Annual appeals in membership drives;
- ❑ Religious organizations for religious purposes.

### How to Apply

A grant applicant must submit **three copies** of the Youth Impacting Community Grant Application along with the required attachments. Applicants will **not** be considered by YIC if this requirement is not met.

### Review Process

The board members of Youth Impacting Community will review each application. The YIC board members may conduct on-site visits and interviews with grant applicants. Youth Impacting Community recommendations will be presented to the Greater Manhattan Community Foundation's Board of Trustees for approval at their November 10 meeting. **All applicants will be notified of YIC's decisions by November 19, 2010.**

**ADDITIONAL ATTACHMENTS: SUBMIT ONE COPY OF EACH, IN THE ORDER LISTED:**

- √ One page letter of support/endorsement from organization's top executive/board president;
- √ A one-paragraph description of key staff, including qualifications relevant to the specific request;
- √ A list of your current board members;
- √ Your organization's most recent audited financial statement;
- √ A copy of your current IRS determination letter (or your fiscal agent's) indicating your tax-exempt status (unless we already have it on file);
- √ A brochure of your organization that details organization information (optional)

**MAIL OR DELIVER APPLICATIONS TO:**

GMCF  
555 Poyntz Avenue, Suite 269  
Manhattan, KS 66502

**OR EMAIL APPLICATIONS MATERIALS  
TO:**

[foundation@mcfks.org](mailto:foundation@mcfks.org)

**Youth Impacting Community Grant Application Cover Page**

**ORGANIZATION INFORMATION:**

*Legal Name of Organization:*

*Address:*

*Telephone: Fax: e-mail:*

**Individuals Responsible:**

*Name of senior executive staff member: Title: Phone number: e-mail:*

*Contact person (if different from senior staff):*

*Title: Phone number: e-mail:*

Organization description (2-3 sentences):

Your organization's employer identification number (EIN #)

**Is your organization an IRS 501 (c) (3) not-for-profit?**

**If no, is your organization a public agency/unit of government or religious institution?**

**If no, name of fiscal agent (fiscal sponsor):**

**Please include one (1) copy of your tax-exempt status determination letter from the IRS. We will keep your organization's letter on file for future applications.**

**AMOUNT & TYPE OF SUPPORT REQUESTED:**

Dollar amount being requested: \$

Funds are being requested for:  capital;  technical assistance;  project support;  start-up costs;

other:

If a project, give project duration: From (Mo./Yr.) to (Mo./Yr.)

**BUDGET:**

Total annual organization budget: \$ Total project budget: \$

**PROPOSAL SUMMARY:**

Project name (if applying for project support):

Please give a 2-3-sentence summary of the request:

Geographic area served:

Population served:

**AUTHORIZATION: Senior Executive staff or Board Chair/President**

(Please type or print name): \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date Submitted:* \_\_\_\_\_

## **PROPOSAL NARRATIVE**

Please provide the following information in narrative form in the order listed below. **Limit proposal narrative to a maximum of three pages.**

### **ORGANIZATIONAL INFORMATION**

*Brief summary of organization's history, mission and goals; Description of current programs, activities, service statistics, and strengths/ accomplishments; Describe how your proposal fits the grant making interests of the Greater Manhattan Community Foundation.*

### **PURPOSE OF GRANT PROJECT/PROGRAM**

*Situation: Describe the situation – opportunity, problem, issue, need, and the community – that your proposal addresses; Explain how that focus was determined; Explain who was involved in that decision-making process.*

*Specific activities: Detail the specific program activities for which you seek funding; Describe actions to carry out your program plan; Explain who will carry out those activities. (Describe his/ her qualifications for completing the program/ project.); Give time frame in which all this will take place; Collaborations – Explain any significant partnership & networking relationships involved with this specific program/ project; If other organizations are working to meet the same needs or provide services similar to what you are proposing in this grant application, explain how your project/ services will differ so that you will not be duplicating the efforts of others.*

*Impact of activities: Explain how the proposed activities will benefit the community; Describe strategies for sustaining this program if it will continue beyond the period covered by the grant.*

**EVALUATION**

*Describe how you will measure the effectiveness of your activities; Describe your criteria (measurable, if possible) for a successful program and the results you expect to have achieved by the end of the funding period; Explain who will be involved in evaluation of this work (staff, board, constituents, community, consultants); Describe how evaluations will be used.*

## **PROJECT BUDGET**

Please describe in narrative the budget of the project for which you are requesting funding, not your organization's operating budget. Provide details for the amount requested under each item.

Total Budget For This Project: \$

Total Request from the GMCF: \$

	<b>TOTAL PROJECT BUDGET</b>	<b>REQUEST FROM GMCF GRANT</b>
<b>Materials/Supplies: \$</b> Detail Description:		
<b>Postage: \$</b> Detail Description:		
<b>Equipment: \$</b> Detail Description:		
<b>Personnel Costs: \$</b> Detail Description:		
<b>Other: \$</b> Detail Description:		
<b>Matching Funds \$</b> Source of Match (Indicate which sources are committed, pending and/or anticipated):		