



Small Grants Program Application Form

Please use a typeface of 10-points or larger.

Legal Name of Organization: _____

(Name should be the same as on IRS determination letter)

Address: _____

City, State, Zip: _____

Contact Person and Title: _____

Telephone and Fax: _____

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

If **Yes**, please attach copy of designation letter from the IRS.

If **No**, please identify your fiscal agent and attach the written agreement from the fiscal agent.

Year organization founded: _____ Fiscal Year: _____

Organization's current annual operating budget (complete Organization budget form): \$ _____

Organization's Mission:

Organization Description (3-4 sentences):

Amount Requested (must be less than \$4,000): \$ _____ and type of funds requested:

- | | |
|--|---|
| <input type="checkbox"/> New organization start-up support | <input type="checkbox"/> General operating support for an existing organization |
| <input type="checkbox"/> New project/program start-up support | <input type="checkbox"/> Project/Program ongoing operating support |
| <input type="checkbox"/> Extension/Expansion of an ongoing project/program | |

PROPOSAL SUMMARY: (For general operating or new organization support, skip questions denoted by an asterisk (*), answering remaining questions in regards to the organization as a whole.)

*Project/Program Name: _____

*Year project/program founded: _____

*Current project/program annual budget (complete Project/Program budget form): \$ _____

Geographic area served:

Population served:

Number of persons participating in or served by the project/program during last 12 months: _____

Participation and service estimation for next 12 months: _____

Project/Program Goals (what results does the project/program hope to achieve):

Describe briefly, how the project/program operates:

Please explain how you will measure the effectiveness of your activities. Describe your criteria for a successful project/program and the results you expect to have achieved by the end of the funding period.

AUTHORIZATION

Name of top paid staff or Board Chair (type): _____

Signature: _____

Date: _____

Send application, IRS determination letter, and most recent audit or Form 990 (no additional materials please) to:
Kaleidoscope Foundation, P. O. Box 1769, Catoosa, OK 74015-9998

No in-person deliveries, faxes, email submissions or late applications will be accepted.

Kaleidoscope Foundation, Inc.

Small Grant Application

(You may reproduce this form on your computer, keeping answers to the space provided and using no less than a 10-pt font.)

ORGANIZATION BUDGET for period of _____ to _____

EXPENSES		REVENUES	
Salaries ⁽¹⁾		Government Grants ⁽²⁾	
Fringe Benefits		Grants from Foundations and Corporations ⁽³⁾	
Consultants & professional fees		Contributions from Individuals	
Training		Earned Income ⁽⁴⁾	
Travel		United Way or other cooperating fund	
Equipment		Fundraising Events & products	
Supplies		Other	
Telephone			
Printing and copying			
Evaluation			
Other			
Overhead (Management and General)			
Total Expenses		Total Revenues	

- (1) Number of full-time employees _____ part-time employees _____
- (2) What percent of the budgeted revenues from government grants has been secured? _____
- (3) What percent of the budgeted revenues from foundation and corporation grants has been secured? _____
Please list name and grant amount for top eight (8) foundation and corporation funders, indicating whether funds are for general operating or a specific project/program:

(4) Describe sources of earned income:

Please use the remaining space to explain any unusual items in your budget:

Kaleidoscope Foundation, Inc.

Small Grant Application

PROJECT/PROGRAM BUDGET for period of _____ to _____

EXPENSES		REVENUES	
Salaries		Government Grants ⁽¹⁾	
Fringe Benefits		Grants from Foundations and Corporations ⁽²⁾	
Consultants & professional fees		Contributions from Individuals	
Training		Earned Income	
Travel		United Way or other cooperating fund	
Equipment		Fundraising Events & products	
Supplies		Other	
Telephone			
Printing and copying			
Evaluation			
Other			
Overhead (Management and General)			
Total Expenses		Total Revenues	

(1) What percent of the budgeted revenues from government grants has been secured? _____
Please list name of each government funding source and grant amount:

(2) What percent of budgeted revenues from foundation and corporation grants has been secured? _____
Please list name of each foundation and corporation funding source and grant amount:

Please use the remaining space to explain any unusual items in your budget: