

THE APPLICATION | 2024

ORGANIZATION REQUESTING GRANT

Name of Organization:

Parent Organization (If applicable):

Year Founded:

Mission Statement:

Organization Overview:

Physical Address:

Mailing Address (if different than physical address):

City, State, Zip:

Office Phone Number:

Office Email:

Website URL:

Facebook Address:

Other Social Media Addresses:

Has any news media highlighted your program? If so, please share the link of any online coverage here:

CONTACT INFORMATION FOR GRANT REQUEST

Contact Name:

Title:

Contact Phone Number:

Mobile Phone:

Contact Email:

2024 Jo Zakas Legacy Foundation
Grant Application
Deadline: The last Friday in April | April 26, 2024

PROJECT/PROGRAM REQUESTING GRANT AWARD

Amount Requested \$_____

(Most requests range from \$500 to \$5,000 per each request)

Project/Program Name:

1. Year Established:
2. Is this a special Project? Yes No
3. Or on-going Program? Yes No
4. Client populations served by Grant Award if funded. Mark all that apply specific to this program/project you wish to receive funding:
 - Youth
 - Adults
 - Female
 - Male
 - At-Risk Populations
 - People with Disabilities
 - Homeless
 - Underserved Populations
 - Minority Population
 - Artists
 - Other: be specific
5. Purpose/Mission of Project/Program:
6. Description of Project/Program:
7. How many people/clients will the Project/Program serve during the funding year if the grant is awarded? Estimate is fine:
8. Has the capabilities/scope of your project or program changed because of the COVID pandemic?
 - Yes No
 - If yes, please tell us how you adjusted.

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PROJECT/PROGRAM BUDGET

1. How will the requested grant funds be used?

Please be specific with items and amount: *(Example #1: 100% of funds will be used for new Back Packs filled with basic toiletries and school items for first year high school students. (Example #2: We will use \$1,500 for printing of training materials and \$2,250 for 90-day bus transportation passes for adult participants.)*

2. Please attach your Project/Program's Estimated Budget.
3. If your needs are greater than our funding ability, do you have any standalone funding items that the Foundation Board could consider for partial funding? If so, list here with amounts.
4. Does this Project/Program have other funding sources? Yes No

If yes, please list:

ATTACHMENTS

1. Proof of Kansas nonprofit 501(c)3 status | current year
2. Project/Program Budget Outline
3. List of Board of Directors for your organization

COMMENTS

Please add any items here that The Jo Zakas Legacy Foundation Board of Directors should be aware of while reviewing your application. (Reminder to keep answers short and specific – 50 to 100 words if possible)

~~ End of Application ~~

If applying by email, please remember to name your file with your organization's name and JZLF App. Thank you.

Jo Zakas Legacy Foundation
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