

THE APPLICATION | 2026

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 to any online coverage here:

CONTACT INFORMATION FOR GRANT REQUEST

Contact Name:

Title:

Contact Phone Number:

Mobile Phone:

Contact Email:

2026 Jo Zakas Legacy Foundation
Grant Application
Deadline: The last Friday in April | April 24, 2026

PROJECT/PROGRAM REQUESTING GRANT AWARD

Amount Requested \$_____

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

Project/Program Name:

1. Year Established:
2. Is this a special Project? ☐ Yes ☐ No
3. Or an ongoing Program? ☐ Yes ☐ No
4. Client populations served by Grant Award, if funded. Mark all that apply specifically to this program/project receiving funding:

<input type="checkbox"/> Youth	<input type="checkbox"/> People with	<input type="checkbox"/> Artists
<input type="checkbox"/> Adults	Disabilities	<input type="checkbox"/> Other: be
<input type="checkbox"/> Female	<input type="checkbox"/> Homeless	specific
<input type="checkbox"/> Male	<input type="checkbox"/> Underserved	
<input type="checkbox"/> At-Risk	Population	
Population	<input type="checkbox"/> Minority	
	Population	
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? An estimate is fine:

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PROJECT/PROGRAM BUDGET

1. How will the requested grant funds be used?

Please be specific with items and amounts: (Example #1: 100% of funds will be used for new Backpacks filled with basic toiletries and school items for first-year high school students. (Example #2: We will use \$1,500 for printing *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 exceed our funding ability, do you have any standalone funding items that the Foundation Board could consider for partial funding? If so, list the amounts here.
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
4. After Action Survey

PAST RECIPIENTS

Did you complete the After Action Summary from last year? ☐ Yes ☐ No

If you answered "no," please complete it and submit it before the application deadline.

COMMENTS

Please add any items that The Jo Zakas Legacy Foundation Board of Directors should know 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 name your files using your
organization's name and "JZLF App." Thank you.

Remember we have a new address - 6446

Jo Zakas Legacy Foundation
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