



# AIDS Service Foundation of Greater Kansas City Community Education Grants Program Application Form

The mission of the AIDS Service Foundation of Greater Kansas City is to raise money to support the Kansas City metropolitan HIV/AIDS community while raising awareness about HIV.  
The mission will be accomplished by:

1. Assisting equally the four Kansas City AIDS Service organizations: Thrive Health Connection, Hope Care Center, KC CARE Health Center, and SAVE, Inc.
2. Awarding grants to not-for-profit organizations that service the specialized needs of the diverse communities dealing with HIV/AIDS by promoting awareness, education, and prevention.

Name of Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Description:  
(50 words or less)

Amount Requested: \_\_\_\_\_ Number of People Impacted by Project: \_\_\_\_\_

Population(s) the project will target: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization Website: \_\_\_\_\_

### Executive Director / Paid Head of Staff

Name:

Title:

Phone:

Email:

### Primary Contact, if different

Name:

Title:

Phone:

Email:

### Your Organization is (Please choose one):

Nonprofit organization with  
501(c)(3) status

Public School

Faith-Based Organization

Other:

# Submission Checklist

## Required

1. Completed application form
2. Project narrative which should include:
  - Project overview
  - Demonstration of need
  - Project goals and objectives
  - Organizational partners and their roles/responsibilities
  - How the project aligns with the educational mission of the AIDS Service Foundation
  - Optional (organization's mission and history)
3. Detailed timeline of implementation and evaluation process
4. Copy of the current IRS determination letter indicating 501(c)(3) tax exempt status
5. Financial information including:
  - Project line-item budget
  - Organization's current balance sheet
  - Organization's most recent 990

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## Authorized Signature

I certify that the information contained in this application is true and accurate. I understand that funds I receive from the AIDS Service Foundation of Greater Kansas City which were provided based upon misrepresentations or falsehoods are subject to either return or forfeiture, or other legal remedy as provided under law. I also pledge that all funds will be used only for the purposes stated in the grant proposal. Lastly, I attest that the organization described above is not involved in any pending court action, fine, penalty, or judgment.

Signature - Executive Director / Paid Head of Staff \_\_\_\_\_

Date: \_\_\_\_\_