**The King’s Daughters & Sons Foundation of Kentucky, Inc.**

**Proposal Requirements and Application Procedures**

**Effective September 1, 2023**

**Funding Priorities:**

The primary categories for awarding funding by The King’s Daughters and Sons Foundation of Kentucky, Inc. (TKDSF) are Higher Education, Health and General Welfare programs. Within these categories, grants will be awarded to support projects with an emphasis on capital expansion, equipment purchases, and higher education scholarships for Kentucky residents. The King’s Daughters and Sons Foundation of Kentucky, Inc. restricts its grants to projects and organizations located primarily in Kentucky. Grant recipients are typically determined at the close of the year and funded when adequate documentation is received.

**Funding will not be granted for the following requests:**

* **from individuals**
* **from political entities**
* **for annual operating support**
* **from primary and secondary schools**
* **for “scholarships” to day care or preschool organizations**
* **from fraternal or veterans’ organizations, unless the gift is in support of a recognized community project**
* **to support operating funds of a hospital or other patient care institution; capital expansion programs may be considered**
* **from religious organizations for the exclusive benefit of one religious entity**
* **to support youth sports leagues**
* **to purchase tickets or sponsorship for charitable tournaments, luncheons, dinners, etc.**
* **to improve property rented by the applicant.**
* **to improve property owned by the applicant if sold within five years of grant receipt (repayment required based upon a sliding scale over the five-year period).**

**How to apply:**

**Follow the instructions carefully on how to complete the application and the accompanying attachments.**

If the applicant meets the above criteria, funding priorities, and returns a completed application package, it will automatically be considered for funding.

**Please note the following requirements and stipulations:**

1. **Deadline:**

 Applications will be accepted no earlier than September 1. The deadline for applications is September 30, 2023. All applications received after September 30, 2023, will be deemed ineligible for 2023 grant awards.

The completed application must be accompanied by the following attachments:

Attachments:

Cover letter in required format (see below)

 List of the Board of Directors with addresses and business affiliations

IRS 501 (c)(3) determination letter

Complete copy of the most recently filed Form 990, including Schedule B, if necessary.

 Descriptive literature (optional)

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Required format for the body of the cover letter (not to exceed three pages):

|  |  |
| --- | --- |
| Request: | State the nature of the request and the amount. |
| Profile: | Provide an overview of the organization with appropriate statistics, including population served, etc. |
| Background: | Any additional background helpful to understand the nature of theorganization. |
| Need: | Describe the rationale for the grant request, with the background andexplanation fully outlined. |
| The Project: | Describe the facility or project to be funded. |
| The Cost: | An outline of the major components of the project should be depicted here. You should include a quote or other documentation to support the amount of your request. |
| Funding: | If requesting partial funding, provide a summary of how the organization proposes to fund the entire project including other potential sources as well as funding received to date.  |
| Conclusion: | Any other conclusions appropriate for the request may be added here.  |

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Please use clips or staples only for application materials. Do not use **folders or notebooks.** Your application will be assigned to a member of the board of directors for review and you may be contacted by that member for clarification on your application. You also may be contacted by TKDSF Board Members Marc Craft, CPA or Karen Wagers, CPA, regarding the financial information you submit.

The ”Contact Person” on Line #4 is the individual responsible for day-to-day administration of the project for which the grant is requested.

**SEND THE ORIGINAL AND ONE COPY OF THE APPLICATION AND SUPPORTING DOCUMENTATION** **TO:**

 The King’s Daughters and Sons Foundation of Kentucky, Inc.

P.O. Box 1838
Georgetown, KY 40324

1. **Expiration of grant approval:**

If your grant request is approved or denied you will be notified in writing. Grant recipients will be notified of the effective date of the grant. The 2023 grant approval expires November 16, 2024. If the documentation is not received to process your payment(s) by this date, your grant approval will be withdrawn and voided. Should your request be withdrawn or voided, you are not disqualified from applying in the future.

1. **Approval is for specifically requested items, not for specific funds:**

Your request is for the funding of the purchase of a particular item(s). You are to make your best efforts to obtain an accurate estimate of the cost and provide such documentation with the application. Requesting excess funds limits the amounts that can be awarded to other organizations. The eventual payment will be based upon the actual cost of the item(s) as documented by an invoice. You will be paid only up to the amount of the grant. Should the actual cost exceed your grant request, you will be responsible for the difference. Should the actual cost be less, you will not be given the difference. The difference will be retained by the The King’s Daughters and Sons Foundation for future grants. **WE DO NOT HONOR GRANTS FOR ITEMS PURCHASED PRIOR TO APPROVAL.**

The King’s Daughters and Sons Foundation of Kentucky, Inc.

Grant Application

For the Grant Period of September 1 to September 30, 2023

Date \_\_\_\_\_\_\_\_ Amount requested \_\_\_\_\_\_\_\_\_\_\_ Total project cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Physical address (no post office boxes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Mailing address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Date and place of incorporation of organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Purpose for which funding is requested (please attach a separate sheet if response exceeds space below): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Purpose of organization and service rendered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. When and how are purposes carried out? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. How many persons were directly helped by the organization during the past 12 months? (Clients served, program enrollment, cases treated, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_

9. Is the organization and all of the services rendered by it open to the general public?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. What fees or charges are assessed by the organization for its services?

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11. Number of persons on staff administering functions/programs of organization:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Does the organization receive funds from organizations such as the United Way? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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13. If yes, name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount received this fiscal year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Percent of the budget this provides \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How long has the organization had this relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. List other major funding sources and amounts anticipated or received:

 Organization Amt. Anticipated Amt. Received

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15. Do you have an annual fund-raising event? If so, what and when is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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16. Please attach most recent Financial Statements.

17. Indicate plans for completing funding for this project. What other funds will be sought?

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18. If sufficient funds are not raised for this project, what plans does the organization have for completing the project?

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19. If the organization directs funds to other organizations, please complete below:

 Organization Amount Date of Grant Purpose

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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20. Will the organization permit a representative from The King’s Daughters and Sons Foundation of Kentucky, Inc. to inspect the books and records and interview personnel and benefit recipients?

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**THIS APPLICATION IS FOR THE GRANT PERIOD OF**

 **SEPTEMBER 1 THROUGH SEPTEMBER 30, 2023**