

The King's Daughters and Sons Foundation of Kentucky, Inc.  
Grant Application

*Grant applications must be submitted  
between September 1 and September 30, 2025.*

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

1. Name of organization \_\_\_\_\_
2. Physical address (no post office boxes): \_\_\_\_\_  
\_\_\_\_\_
3. Mailing address (if different): \_\_\_\_\_  
\_\_\_\_\_
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 necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Purpose of organization and services rendered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. When and how is purpose carried out? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. How many people 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?  
\_\_\_\_\_
11. Number of persons on staff administering functions/programs of organization:  
\_\_\_\_\_
12. Do you have any related party transactions with your organization's Officers, Board of Directors, and/or employees?  
\_\_\_\_\_  
\_\_\_\_\_
13. List major funding sources, amounts anticipated or received, and percentage of budget. Explain how long the organization has had this relationship (please attach separate sheet if necessary):
- Org. Name/Amt. Anticipated/Amt. Received/% of Budget/Length of Relationship
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Do you have an annual fund-raising event? If so, what, and when is it?  
\_\_\_\_\_  
\_\_\_\_\_
15. **Please attach the most recent Financial Statements.**
16. Indicate plans for completing funding for this project. What other funds will be sought?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. If sufficient funds are not raised for this project, what plans does the organization have for completing the project?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. If the organization directs funds to other organizations, please complete below:
- | Organization | Amount | Date of Grant | Purpose |
|--------------|--------|---------------|---------|
| _____        | _____  | _____         | _____   |

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19. 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 FROM THE DATE OF NOTIFICATION IN DECEMBER 2025 THROUGH NOVEMBER 15, 2026.**