



Helping *every* kid be active, be social and belong!

2017 Agency Funding Application

Variety Children's Charity | P.O. Box 3446 | Shawnee, Kansas 66203 | www.varietykc.org

General Information

Name of Agency _____

Address _____

Contact Person _____

Title _____

Phone: _____ Email: _____ Website: _____

Requesting: Grant Program _____ Mobility Program _____

For: Existing Program _____ New Program _____

Amount of Grant Request \$ _____

Has agency received Variety of Greater Kansas City funding before? Yes _____ No _____

Year: _____ Amount \$ _____ Purpose: _____

If Variety of Greater Kansas City funding was received last year, reporting requirements must be completed before additional funding will be considered.

Program Description

Describe specific program for which request is made.

Geographic area served by program. (Must be in the Greater Kansas City area to apply)

Age range and number of clients served:

Please attach copy of two quotes or bids for equipment requested.
(Please limit typed description to remainder of this page.)

Financial Information for Agency

Total Operating Budget of Agency \$ _____

Other Sources of Agency Funding
(Indicate percentage of funds to total program cost and whether funds are secured or requested.)

Source	Amount	%Age	Secured	Requested
Parent Organization	_____	_____	_____	_____
Fees	_____	_____	_____	_____
Public Funds	_____	_____	_____	_____
Government Grants	_____	_____	_____	_____
Assistance Programs	_____	_____	_____	_____
Contracts	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
Private Funds	_____	_____	_____	_____
Individuals	_____	_____	_____	_____
Corporations	_____	_____	_____	_____
Private Foundations	_____	_____	_____	_____
United Way / CFC	_____	_____	_____	_____
Philanthropies	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
	_____	_____	_____	_____

Financial Information For Program for which Grand is requested

Total Operating Budget of program: \$ _____

Other Sources of Agency Funding: Indicate percentage of funds to total program cost and whether funds are secured or have been requested at this point.

Source	Amount	%Age	Secured	Requested
Parent Agency	_____	_____	_____	_____
Operating Funds	_____	_____	_____	_____
Endowment	_____	_____	_____	_____
Fees	_____	_____	_____	_____
Public Funds	_____	_____	_____	_____
Government Grants	_____	_____	_____	_____
Assistance Programs	_____	_____	_____	_____
Contracts	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
Private Funds	_____	_____	_____	_____
Individuals	_____	_____	_____	_____
Corporations	_____	_____	_____	_____
Private Foundations	_____	_____	_____	_____
United Way / CFC	_____	_____	_____	_____
Philanthropies	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

Staff Information

Number of Employees for Program: _____

Number of Volunteers for program: _____

Licensing or Accreditation

Please indicate any required licensing and/or accreditation.

Issuing Authority	Expiration
_____	_____
_____	_____
_____	_____

Required Attachments

- A. Verification of 501(c)3 Status
- B. Current Board of Directors
- C. Audited Financial Statement for Last Fiscal Year
- D. 990 for Last Fiscal Year
- E. Board Approved Budget for Current Year
- F. Calendar of Fund Raising Events
- G. Explanation of how Variety will be recognized for grant and partnership. ex. signage, newsletters, photographs, etc.
- H. List of how your agency will support Variety Children's Charity in our Fundraising events.**

Please mail:

1 original application with 1 copy of all attachments

5 additional copies of the Application only (no attachments) to the Variety Children’s Charity of Greater Kansas City office at: P.O. Box 3446, Shawnee, KS 66203. Applications must be received by **August 15, 2017** to be considered in this cycle. Applications after this date may be held for consideration in the next cycle if the agency so chooses. If you have any questions, please call the Variety office at: (913) 558-2309.