**Kalamazoo Community Foundation**

**Grant Request**

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| Program supports Kalamazoo Residents? | Yes No | We are unable to consider proposals that do not benefit Kalamazoo County residents |
| Type of Organization: | 501c3  EIN # : | Educational  (public school, college, university) |  |
|  | Government Agency | Church |  |
|  | None of Above (a fiscal sponsor will be required) | |  |
|  | Name of fiscal sponsor: | |  |
|  | Email address/phone # of fiscal sponsor: | |  |

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| Organization Name: |  |

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| Address: |  |

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| --- | --- | --- | --- |
| City: |  | Zip Code: |  |
| Phone #: |  |  |  |

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| Executive Director: |  |
| Executive Director Email Address: |  |
| Does your org. have a co-Leader? | Yes No |
| If yes:  Co-Leader/Executive Director: |  |
| Co-Leader Email Address: |  |
| Grant Contact (if different than above): |  |
| Email Address: |  |

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| **Proposal Name** |
| Enter text: |

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| **Describe your Proposal** (recommend a maximum of 400 words) |
| Enter text: |

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| **As we continue to invest in work aligning with our strategic priorities of** [**Equity and Education**](https://www.kalfound.org/Grants/OurPriorities/tabid/508/Default.aspx)**, we are prioritizing proposals that increase access to opportunities and result in improved outcomes for individuals experiencing racial bias and discrimination, and those with multiple oppressed identities. We believe programs that advance racial equity as well as improve education-related outcomes will lead to sustained individual and community prosperity.**  **How will your proposal impact racial equity and/or education in Kalamazoo County? Please note specifically, how does this proposal impact Black, Indigenous, and People of Color (BIPOC) communities?** (Recommend a maximum of 400 words) |
| Enter text: |

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| **Amount of Request**  **Please indicate the dollar amount you are requesting from KZCF for 1 year of funding. If you are interested in Multi-Year funding consideration, you can let us know below.** |
| Enter $ amount: |

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| **Do you want to be considered for Multi-Year funding?**  Yes No |
| Enter comments (optional): |

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| **Period this funding will cover** |  |
| Enter Start Date: | Enter End Date: |

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| **How will you use these funds? You will have the option to upload existing program budget into online form or outline your expected budget in comment box below.** |
| Enter text: |

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| **What percentage of your agency's programs and services target residents of Kalamazoo County?** |
| Enter %: |
| **If your organization supports residents of areas other than Kalamazoo County, please list those areas here.** |
| Enter text: |

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| **What's informing you that this is a need in the community (e.g., specific data, engagement in community, etc.)?** (Recommend a maximum of 400 words) |
| Enter text: |

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| **Please tell us about the demographics of the population you support. Specifically note how you support BIPOC and LGBTQ+ communities, such as strategies you use to lessen barriers in communication and service delivery, specifically for oppressed communities. This can also include adaptations to service delivery, or program materials that make your services or programs more accessible and relatable to these communities.** |
| Enter text: |

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| **Briefly describe how the population you support is involved in the work of your organization, and how are they are informing your organization's programs and practices.** (Recommend a maximum of 400 words) |
| Enter text: |

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| **Please describe your most significant collaborations and partnerships** |
| Enter text: |