



The quality of a child's tomorrow depends to a large extent on the child's health, medical treatment, and the wellness support the child receives today. If children are to thrive in our uncertain times and exercise thoughtful citizenship as adults, they must be equipped with the possibility for emotional, mental and physical well-being.

When children's families are unable to provide the funding for this well-being, Kosair Charities gives the financial support so that these children do not suffer and are not neglected.

Grants will be made to non-profit agencies and organizations whose program falls within the above stated mission. Grants are reviewed by the Kosair Charities' Grants Committee and funded on a quarterly basis. Grant recipients are to use the Kosair Charities Supported Agency logo on printed and electronic materials and media, including but not limited to letterheads, newsletters, solicitation letters, television commercials and websites.

**GRANT APPLICATION**  
**\$1,500 OR LESS**  
**Deadline: Wednesday, April 25, 2012**

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

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

2. Address: \_\_\_\_\_

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

3. Exe. Director or CEO: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**GENERAL INFORMATION**

4. Incorporated (Y/N) \_\_\_\_\_ What state: \_\_\_\_\_

5. IRS 501(c)3 exemption (Y/N) \_\_\_\_\_ Number: \_\_\_\_\_  
If not 501(c) 3, under what IRS tax exempt status do you operate?  
\_\_\_\_\_

6. Amount requested: \$ \_\_\_\_\_
7. Purpose of organization: \_\_\_\_\_
8. Proposed project: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Percent of your budget used for fund-raising expense: \_\_\_\_\_%
10. Percent of your budget used for administrative cost: \_\_\_\_\_%
11. Agency complies with Better Business Charity Review Standards? Yes \_\_\_ No \_\_\_

**ORGANIZATION PERSONNEL**

12. Number of Board of Directors: \_\_\_\_\_  
 (Please attach list of Board of Directors)  
  
 How often does the Board meet? \_\_\_\_\_
13. Executive Director/CEO: \_\_\_\_\_
14. Total number of identified volunteers: \_\_\_\_\_
15. Total number of paid staff: \_\_\_\_\_

**GRANT PROPOSAL**

Submitted by:

\_\_\_\_\_  
 Name (Print)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Signature)

**ATTACHMENTS**

1. Copy of IRS determination letter.
2. Descriptive literature on agency and its services.
3. Income and expense statement last two (2) years.
4. Balance Sheet Statement for two (2) years including endowment/investments.
5. Business Card
6. **Original grant application plus nine (9) copies (10 Total copies of all requested information.)**

**RETURN**

**Kosair Charities, Inc.**

**Attn: Grants Committee**

**982 Eastern Parkway**

**P.O. Box 37370**

**Louisville, KY 40233-7370**

**Telephone: (502) 637-7696 Fax: (502) 637-7698**

All applications submitted by mail must be mailed to the P.O. Box.

Each grantee for the 2012-2013 grant is requested to follow the Better Business Bureau's Charity Review Standards. The Better Business Bureau Charity Review information and implementation instructions can be found at <http://louisville.bbb.org/SitePage.aspx?id=1bce9b1f-74e9-4c94-96e8-1ee2b519b0c4>. **Kosair Charities suggest that organizations desiring to apply for grants comply and complete the Better Business application before March 26, 2012 (to allow for acceptance process before the April 25, 2012 deadline).**

Please note that 2012-2013 applications will not be mailed. Visit our website [www.kosair.org](http://www.kosair.org), under *About Us, Grants*, for more information.