



Kentucky School for the Blind Charitable Foundation

GRANT APPLICATION FORM

Requirements for Submission of Grant Requests:

All requests for KSBCF funding must be submitted through the grant application.

- **Application Deadline:** Requests must be submitted by **April 1** or **October 1** for consideration.
- You may submit a letter with additional information concerning your grant.
- Grant applicants will be notified in writing of approval/denial of funding.

Individual Applicant

Name: _____ Birth Date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____ (cell) _____

E-mail address: _____

Is the applicant a student? _____ School Attending: _____

Name of parent/guardian (if applicable): _____

Organizational Applicant

Contact: _____ Executive Director/Administrator: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

E-mail: _____

Is the organization a 501(c)3? _____ If so, please provide the Federal ID number: _____

Number of employees: _____ Annual operating budget: _____

Services provided: _____

Mission statement: _____

Type (i.e. adults, children, teens, elderly) and scope (annual number served) of population served: _____

Grant Request

Dollar amount requested: \$ _____

Date needed: _____

Purpose of the Grant:

(Please be as detailed as possible – include a description and itemization of costs. If the grant is for education, provide the name of the institution. If the grant is for assistive technology, provide the name of the company from which the equipment is to be purchased.)

Assistive technology requests from Kentucky students grades K-12 should include a copy of the student's Assistive Technology Evaluation or Learning Media Assessment (from a Teacher of the Visually Impaired - TVI) specifying the need for the equipment.

Has funding been requested from any Kentucky state office, department, or agency? YES NO

If yes, what is the status?: Pending Funded (Amount \$ _____) Not Funded

To whom was the request made: _____

List other organizations or agencies to which the same request is pending:

I hereby state that I answered the above information accurately and to the best of my ability.

Signature of Applicant or Parent/Guardian

Date

Please submit this application to:

Kentucky School for the Blind Charitable Foundation
Attn: Grant Review Committee
214 Haldeman Avenue
Louisville, Kentucky 40206

Fax: (502) 897-3194
E-mail: contactus@ksbcf.org

Phone: (502) 897-3990

OFFICE USE ONLY
Date of Board Action: _____ Board Action: _____
Date Application Received: _____
Remarks: _____