



# 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 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 Application Received: \_\_\_\_\_

Date of Board Action: \_\_\_\_\_ Board Action: \_\_\_\_\_

Remarks: \_\_\_\_\_