

# Spring 2023 Community Grants

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*Carl B. & Florence E. King Foundation*

## ***I. BASIC REQUEST INFORMATION***

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### **PROJECT NAME\***

Provide a brief name for your project.

*Character Limit: 250*

### **DESCRIPTION OF GRANT REQUEST**

Provide a brief description of the project or program ("the Project") for which you are requesting a grant. Your description should indicate whether the request is for a program, capital, or a capacity project. It should be no more than 500 characters in length, including spaces. You will have the opportunity to provide greater detail later in the application.

*Character Limit: 500*

### **AMOUNT REQUESTED**

Indicate the dollar amount of your request, written in whole numbers, or rounded up to the next whole number.

*Character Limit: 20*

### **FUNDING TYPE**

Choose from the following list to categorize the type of funding you are requesting.

#### **Choices**

Capacity - West Texas and Arkansas only  
Capital  
Other  
Program

### **PROGRAM CATEGORY**

#### **Choices**

Aging  
Arts, culture, or history  
Children and youth  
Economically disadvantaged  
Education  
Other  
Nonprofit Capacity

### **CONGRESSIONAL DISTRICT**

List the Congressional District(s) served by the Project.

If you need help, you can click the links below to download Congressional District maps.

Arkansas Congressional District map (1-4)  
Texas Congressional District map (1-36)

*Character Limit: 250*

### GENERAL GEOGRAPHIC REGION

Choose the general geographic region (within the Foundation's geographic giving focus) that best represents the place your Project will benefit. You will have an opportunity to be more specific below.

If your agency is outside the King Foundation's service area, but the Project would benefit clients in our giving footprint, then choose the location where those clients reside.

Click the links below to download maps of the Foundation's geographic focus.

Arkansas  
North Texas  
West Texas

#### Choices

Arkansas  
North Texas  
West Texas  
Other

### *Arkansas specific counties*

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#### Arkansas counties served

Please choose all Arkansas counties that will be served by the Project.

#### Choices

Arkansas  
Ashley  
Bradley  
Calhoun  
Chicot  
Clay  
Cleveland  
Columbia  
Craighead  
Crittenden  
Cross  
Desha  
Drew  
Greene  
Hempstead  
Jackson

- Jefferson
- Lafayette
- Lee
- Lincoln
- Little River
- Miller
- Mississippi
- Monroe
- Nevada
- Ouachita
- Phillips
- Poinsett
- Prairie
- St. Francis
- Union
- Woodruff
- My agency does not track this data

### *North Texas specific counties*

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#### **North Texas counties served**

Please choose all North Texas counties that will be served by the Project.

#### **Choices**

- Collin
- Dallas
- Denton
- Rockwall
- Tarrant
- My agency does not track this data

### *West Texas specific counties*

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#### **West Texas counties served**

Please choose all West Texas counties that will be served by the Project.

#### **Choices**

- Andrews
- Borden
- Brewster
- Cochran
- Coke
- Concho
- Crane
- Crockett
- Dawson

Ector  
Gaines  
Glasscock  
Howard  
Irion  
Jeff Davis  
Kimble  
Loving  
Martin  
Mason  
McCulloch  
Menard  
Midland  
Mitchell  
Pecos  
Presidio  
Reagan  
Reeves  
Schleicher  
Scurry  
Sterling  
Sutton  
Terrell  
Terry  
Tom Green  
Upton  
Ward  
Winkler  
Yoakum  
My agency does not track this data

## *II. ORGANIZATION BACKGROUND*

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### **FISCAL YEAR**

Indicate when your agency's fiscal year ends.

#### **Choices**

January  
February  
March  
April  
May  
June  
July  
August  
September

October  
November  
December

**DATE FOUNDED\***

If you don't have the exact day, round to the start of the month. For example, 01/01/YYYY

*Character Limit: 10*

**ORGANIZATION MISSION STATEMENT\***

*Character Limit: 350*

**ORGANIZATION VISION STATEMENT (IF APPLICABLE)\***

*Character Limit: 350*

**ORGANIZATION HISTORY AND PURPOSE**

*Character Limit: 1500*

**ORGANIZATIONAL BUDGET FOR THE CURRENT FISCAL YEAR\***

*Character Limit: 20*

**NUMBER OF FULL-TIME STAFF\***

*Character Limit: 15*

**NUMBER OF PART-TIME STAFF\***

*Character Limit: 15*

**VOLUNTEERS\***

Describe the number of volunteers, the average number of hours they provide, and the functions they perform. If you have AmeriCorps volunteers, please answer separately for those volunteers.

*Character Limit: 500*

**COLLABORATION\***

List the organizations with whom you collaborate and describe those collaborative relationships.

*Character Limit: 1500*

**POPULATION SERVED AGENCY-WIDE\***

Provide the unduplicated number of clients served agency-wide in your last fiscal year. Then use the tables below to provide a breakdown by self-identified ethnicity, gender, and age of those clients.

*Character Limit: 100*

### ETHNICITY

Please use the table below to estimate the number and percentage of clients served in your last fiscal year by ethnic group.

Group	Number served	Percent served
African American or Black		
Asian		
Hispanic or Latino		
Indigenous		
White		
Multiracial		
Other		
Undefined (participants did not answer question)		

### Different ethnicity tracking

Please check below if applicable:

#### Choices

My organization uses different categories than those in the table.

My organization does not track ethnicity or race.

### GENDER

Please estimate the number and percentage of clients served in your last fiscal year by gender.

Gender	Number served	Percent served

<b>Men or Boys</b>		
<b>Women or Girls</b>		
<b>Other</b>		
<b>Undefined (participants did not answer question)</b>		

**Different gender tracking**

Please check below if applicable:

**Choices**

My organization uses different categories than those in the table.

My organization does not track gender.

**AGE**

Please estimate the number and percentage of clients served in your last fiscal year by age group.

<b>Age group</b>	<b>Number served</b>	<b>Percent served</b>
<b>Ages 5 and under</b>		
<b>Ages 6-12</b>		
<b>Ages 13-18</b>		
<b>Ages 19-25</b>		
<b>Ages 26-50</b>		
<b>Ages 51 plus</b>		

Undefined (participants did not answer question)		
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### Different age tracking

Please check below if applicable:

#### Choices

My organization uses different categories than those in the table.

My organization does not track age.

## III. GRANT DETAILS

### SITE VISIT LOCATION

If King Foundation requests a site visit to your organization, what is the physical address of the best location for a site visit?

*Character Limit: 250*

### SITE VISIT COUNTY

For the site visit address you provided above, in what county is that location?

*Character Limit: 250*

### TOTAL PROJECT BUDGET\*

*Character Limit: 20*

### TIMEFRAME FOR USE OF FUNDS\*

Indicate FROM: X date TO: Y date. For grants spanning more than one year, indicate the amount per year.

*Character Limit: 500*

### DATE PAYMENT NEEDED\*

If you don't have the exact day, round to the start of the month. For example, 01/01/XXXX.

*Character Limit: 10*

### NARRATIVE\*

Include: 1) the main issues the Project addresses 2) how the Project will address those issues and 3) the details of the Project. (For example, you might include details such as: Why your agency started the Project, how you will recruit clients, when services will be delivered, what curriculum or program delivery model you will use, etc.)

*Character Limit: 4000*

## POPULATION SERVED BY THIS PROJECT\*

Provide the unduplicated number to be served annually by your Project and the demographics of these clients (if available).

*Character Limit: 500*

## PROJECT TIMELINE\*

In chronological order, list the major events and activities of your Project. Indicate when the events and activities will occur.

*Character Limit: 1500*

## OTHER SUPPORT FOR THE PROJECT\*

Provide the following:

- Other funders that have committed funding for your Project. Include amounts and the fiscal year to which those commitments relate.
- Additional funders to which you have applied, or plan to apply, to support your Project. Include amounts and the fiscal year for those requests. State when you expect to hear from those funders.

*Character Limit: 1500*

## ONGOING PLANS FOR SUPPORT\*

Describe plans to support your Project after the term of this grant.

*Character Limit: 1500*

## GOALS\*

Describe the Goals of your Project. A Goal is what you hope you will achieve, like "improving adult literacy" or "providing shelter and meals for the homeless."

*Character Limit: 1500*

## PROJECT OBJECTIVES\*

Describe the Objectives of the Project and how you will know your Project is successful. Objectives, including Outputs and Outcomes, are specific, measurable, and time-limited.

- Outputs are a number served or a tally of services provided. For example, an Output is "serving 500 children in one year" or "distributing 1,000 books to 200 children in a year." State whether the numbers you provide are duplicated or unduplicated.
- Outcomes are a measure of change or impact directly resulting from the Project activities. For example, an Outcome is "80% of the 200 adults served by the Project will increase their literacy skills by 60% or more."

Include the Outputs and Outcomes you hope to achieve with this grant and that you achieved in the previous year (if you are requesting funding for an existing program). State how you measure your Outputs and Outcomes (such as pre- and post-tests, survey, standardized test results, or assessment tools widely used in programs like yours).

*Character Limit: 1500*

## *IV. ATTACHMENTS (All uploads should be printer-friendly.)*

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### **PROJECT BUDGET\***

Include both expected revenue and expenses. Click [here](#) to download an example in Excel. If you do not have a project budget, explain below.

*Character Limit: 250 | File Size Limit: 1 MB*

### **ORGANIZATIONAL BUDGET FOR CURRENT FISCAL YEAR\***

Be sure the budget includes revenues by source, such as foundations, individuals, or government.

*File Size Limit: 1 MB*

### **ORGANIZATIONAL BUDGET FOR THE NEXT FISCAL YEAR (IF AVAILABLE)\***

Include revenues by source. If your budget is not yet approved, type "Not applicable" in the box.

*Character Limit: 20 | File Size Limit: 1 MB*

### **STAFF LIST\***

Upload the names and titles of key staff. If you have an organizational chart, provide that, too. If you **do not** have a staff list or organizational chart, write "No staff list or organizational chart" in the box.

*Character Limit: 50 | File Size Limit: 1 MB*

### **BOARD LIST\***

Upload the names and affiliations of your board and indicate officers and committee chairs. If you **do not** have a list of board members, write "No board list" in the box.

*Character Limit: 20 | File Size Limit: 1 MB*

### **AUDIT\***

Upload your most recent signed audited financial statements (if available). If you **do not** have an audit, write "No audit" in the box.

*Character Limit: 50 | File Size Limit: 6 MB*

## MANAGEMENT LETTER\*

Upload your most recent management letter (if applicable).

(A management letter tells an agency's management whether the auditor found weaknesses or deficiencies in the agency's financial operations. It is different from the "opinion letter" at the beginning of the audit, and the "management representation letter" from the agency to the auditor.)

If you **do not** have a management letter, write "No management letter" in the box.

*Character Limit: 100 | File Size Limit: 1 MB*

## BALANCE SHEET FOR THE CURRENT FISCAL YEAR\*

**All agencies**, upload the unaudited Balance Sheet (Statement of Financial Position) through the last completed quarter of your current fiscal year.

*File Size Limit: 1 MB*

## STATEMENT OF REVENUE AND EXPENSES FOR THE CURRENT FISCAL YEAR\*

**All agencies**, upload the unaudited Statement of Revenue and Expenses (Statement of Activities, Income Statement, or Profit & Loss Statement) through the last completed quarter of your current fiscal year.

*File Size Limit: 1 MB*

## BALANCE SHEET FOR THE PREVIOUS FISCAL YEAR\*

If you **do not have an audit**, upload the unaudited Balance Sheet (Statement of Financial Position) for the previous fiscal year.

If your agency **does** have an audit, write "See audit" in the box.

*Character Limit: 100 | File Size Limit: 1 MB*

## STATEMENT OF REVENUE AND EXPENSES FOR THE PREVIOUS FISCAL YEAR\*

If you **do not have an audit**, upload the unaudited Statement of Revenue and Expenses (Statement of Activities, Income Statement, or Profit & Loss Statement) for the previous fiscal year.

If your agency **does** have an audit, write "See audit" in the box.

*Character Limit: 100 | File Size Limit: 1 MB*

## FORM 990\*

Upload your most recent IRS Form 990. If you **do not** file a Form 990, write "No 990" in the box. File size is limited to 5 MB. If you have difficulty uploading due to file size, mention that below.

*PRO TIP: File size can often be reduced by printing and scanning in black and white. Color scans, even if they look black and white, are significantly larger.*

*Character Limit: 100 | File Size Limit: 5 MB*

SAMPLE