

GRANT APPLICATION

COLORADO REGION—COLORADO SPRINGS

The requested information may be typed or clearly written on this form, or sheets of your organization's stationery may be used.

PART A

A1. ORGANIZATION PROFILE

Organization name (lead agency if proposal is submitted by a collaborative): _____

Address: _____

City/State/ZIP: _____

Contact person: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

A2. SUMMARY OF ORGANIZATION'S OR COLLABORATIVE'S PURPOSE AND ACTIVITIES

A3. ORGANIZATION INFORMATION

1. Brief summary of history:

2. Brief summary of mission and goals:

3. Description of current programs, activities, and accomplishments:

A4. ADDITIONAL INFORMATION

1. Is this new or continuing work? _____
2. Geographic area(s) to be served: _____
3. Time frame: _____ Time frame covered by grant: _____
4. Kaiser Permanente groups/individuals involved, if any: _____

5. Annual budget: _____ Project budget (if applicable): _____
6. Funds requested from Kaiser Permanente: _____
7. Prior grants received from Kaiser Permanente (list below):
Date: _____ Amount: _____
Date: _____ Amount: _____

B1. GRANT PURPOSE

1. Statement of issues or opportunities to be addressed (including a description of target population and how they will benefit from organization's/collaborative's efforts):
2. Description of project goals and objectives:
3. Plans to accomplish the goals, objectives, and timeline for implementation:
4. Long-term strategies for support:

B2. EVALUATION PLANS

Description of how the success of your work will be defined and measured:

B3. COMMUNICATIONS

Description of how your progress and results will be communicated and to whom:

B4. ATTACHMENTS (Please attach the following):

1. **Copy of current IRS determination letter** indicating 501(c)(3) tax-exempt status.
2. **Names and titles of the members of your board of directors.** Names, titles, and qualifications of key staff and volunteers.
3. **Income and expense budgets** showing other sources of funding and the amount requested of Kaiser Permanente.
4. **List of other funding sources** to which this proposal has been submitted.
5. **Your organization's current annual budget** and most recent annual financial statement, preferably audited.

B5. SUBMISSION INSTRUCTIONS

Please note: Prior to receiving funds, all grant recipients must sign a memorandum of understanding outlining the terms and conditions of receiving support from Kaiser Permanente. Supplemental materials such as photographs, videos, etc., may be submitted, but cannot be returned.

Please submit completed application materials to: Kaiser Permanente, Public Affairs, 1975 Research Parkway, Suite 250, Colorado Springs, CO 80920 Tel (719) 867-2105 Fax (719) 867-2181
Or by e-mail: c.j.moore@kp.org