



**CHYMIAK FAMILY FOUNDATION**  
Foundation Grants Department

November 7, 2013

TO: Nonprofit Grant Applicant  
FROM: Susan Chymiak, Finance Director  
SUBJECT: Grant Application and Procedures

Thank you for taking an interest in applying for a Chymiak Family Foundation nonprofit grant.

Pursuant to The Chymiak Family Foundation's Grant Awards Policy relating to appropriation of funds to nonprofit organizations; the Chymiak Family Foundation is responding to grant applications from qualified nonprofit organizations, for the current fiscal year. For more specific information about the Chymiak Family Foundation's nonprofit organization grant program, please refer to the Chymiak Family Foundation Grant Application Guidelines, which are available on the Chymiak Family Foundation's website: <https://www.chymiakfamilyfoundation.org>.

This grant application is based upon performance measurement systems in common use by nonprofit organizations throughout the nation. By using performance indicators, the Chymiak Family Foundation (the "Foundation") will be able to examine how well programs are meeting the purposes they are intended to fulfill, and determine whether a grant will be made or continued.

Regardless of the postmark date, your application, along with all of the required supporting documentation, must be submitted to, and received by, the Grant Department Administration, 7500 W. 151st St. #24052, Overland Park, KS 66223-9998, no later than the close of business on September 30th. Absolutely no exceptions or extensions will be granted. Please allow yourself sufficient time to submit a complete application, as incomplete applications will not be accepted.

Any questions on the preparation and submission of the application or the overall grant process should be directed to Ken Chymiak, Grant Administrator at 918-251-2887.

**THE CHYMIAK FAMILY FOUNDATION**

Susan Chymiak, Finance Director

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## GRANT APPLICATION COVER SHEET - INSTRUCTIONS

### **Boxes 1, 2, and 3 Applicant Information**

The name of the applicant is the legal name of the person or organizational applicant. Also enter the mailing address and the name of any subdivision that will administer the grant, if funded.

### **Box 4 — Project Descriptors**

List the Purpose Areas that best describe the project you are applying for and its targets and focuses. See Appendix A.

### **Box 5 — Contact Information**

Choose a person who is very familiar with the grant application as the contact person and enter their name, title, address, telephone number, fax number, and e-mail address, if available. This will be the person foundation staff members will contact with questions about the application.

### **Box 6 — Federal Employer Identification Number (FEIN)**

Please enter the employer identification number as assigned by the Internal Revenue Service. This is used to process all awards and/or payments.

### **Box 7 — Debts**

If you/your organization is currently delinquent on a state or federal debt, check yes and attach an explanation. CFF will not award a grant to an applicant checking “yes”, unless they can show mitigating circumstances and CFF approves these circumstances.

### **Box 8 — Program Budget**

Enter the amounts requested for Federal funds and local match funds as you recorded on the Budget Summary.

### **Box 9 — Project Title**

Enter a title for your project that generally describes what the project does. If a continuation project, use the same project title each year.

### **Box 10 — Fund Type**

Enter the name of the grant program (Type of grant applying for).

### **Boxes 11 and 12 — County Where Project is Based**

Enter the county where the project’s headquarters is located. If applicable, also enter the population for the county.

### **Box 13 — Geographic Areas**

Enter the names of the county (or counties) that will be served by the project and their populations. If the project intends to serve only part of any county or group of counties, then name the city or cities that will be served along with the county name.

### **Box 14 — Grant Start Date**

Enter the proposed start date of the project.

### **Box 15 — Fund Year**

Answer whether this application is for a new or for a continuation grant.

### **Box 16—Congressional Districts Served by Project**

List the Congressional Districts that will be served by the project, if funded.

### **Box 17—Funding Disclosures**

If “yes” then attach an explanation. CFF will not award a grant to an applicant checking “yes”, unless they can show mitigating circumstances and CFF approves these circumstances.

### **Box 18—Non-Profit Disclosures**

If “yes” then attach an explanation. CFF will not award a grant to an applicant checking “yes”, unless they can show mitigating circumstances and CFF approves these circumstances.

**Type “N/A” in any inapplicable area. Leave no blanks.**



# CHYMIK FAMILY FOUNDATION GRANT APPLICATION COVERSHEET

1. Legal name of applicant:
2. Division or unit within the applicant organization to administer the project:
3. Official applicant organization mailing address:
4. Purpose of Program or Agency:
Purpose of Project:
5. Name:
Title:
Address:
Telephone Number:
Fax number:
E-mail address:
6. Project, Program or Agency's Federal Employer Identification Number (FEIN):
7. Is the applicant/organization delinquent on any state or federal debt? <input type="checkbox"/> Yes (If Yes, attach explanation) <input type="checkbox"/> No
8. Program Budget
Federal Funds Requested
Local Match
TOTAL

9.	Title of Project:
10.	Application for:
11.	County where project or program headquarters is based:
12.	Population of the county where the project or program headquarters is based:
13.	All cities and counties in the service area of the project, or program, and the population of each:
14.	Grant Start Date:
15.	Is this an application for first-year funding? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your project, program or agency currently a CFF subgrantee? If yes, please list <u>all</u> current subgrant numbers below:	
Subgrant #:	
16. Persons(s)/Area(s) served by Project, Program or Agency:	
17. Has your project, program or agency ever: lost a grant, been denied continued funding, or had funding withdrawn?	
18. Has your project, program or agency ever lost its 501(c)(3) status with the IRS?	
<b>To the best of my knowledge, all information in this application is true and correct. The application has been duly authorized by the responsible party or governing authority of the applicant and agrees to comply with all CFF rules, including the attached assurances, if awarded.</b>	
Typed name of Authorized Official	
Signature of Authorized Official - Date Signed	
/ /	
<b>FOR CFF USE ONLY</b>	
Application #:	
Reviewed By:	Date:
Reviewed By:	Date:

**Nonprofit Grant Application**  
**Submittal Checklist for Current FY**

Please go through each item on this checklist and put an "x" in the box to show what is being submitted. Fill in the other blank fields and be sure it meets the listed requirements. Include comment(s) if you're unable to submit requested documentation or to explain special circumstances, financial cycle, etc. Sign and date the bottom and return this checklist along with your application.

1.  Application (Original and **Two (2)** additional copies).

Comments:

Signed.

**Supporting Documentation:** *[One (1) copy of each of the following required documents, CERTIFIED COPIES MAY BE REQUESTED AFTER CFF REVIEW OF APPLICATION]*

2.  Annual Financial Statements (Name, title, address, and signature of preparer appears on statement).

Comments:

Past 2 years

1) For Period:

2) For Period:

Prepared/signed by qualified accountant and approved/signed by Executive Director

**OR**

Prepared/signed by CPA.

3.  Current Financial Statements.

**OR**

Current Compiled or Reviewed Financial Statements (by a licensed CPA or PA) within past 3 years.

Comments:

For Period:

If you're unable to meet this requirement, a waiver may be granted if: ('x' one)

Organization's Budget is under \$25,000; or  Organization's date of incorporation is after \_\_\_\_\_ or  Audit is currently being done, (attach a letter from your CPA confirming this).

4.  Copy of IRS Form 990 (most current document for fiscal/calendar year).

Comments:

For Period:

5.  Copy of IRS letter verifying agency's tax-exempt status (IRS 501c3).

Comments:

Dated:

6.  Copy of General Liability Insurance Certificate (Where Applicable)(Current & valid) Note: If you're not a current grant recipient, wait until CFF confirms grant award before submitting Certificate.

Comments:

Expiration Date:

7.  Copy of Articles of Incorporation.

Comments:

Signed:

Dated:

8.  By-laws.

Comments:

Signed:

Dated:

Submitted by: \_\_\_\_\_  
( Program Director's Signature )

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

**CHYMIK FAMILY FOUNDATION USE ONLY**

RECEIVED BY:	APPLICATION NUMBER	APPLICATION YEAR