

**PARTNERS IN PRIDE  
GRANT PROGRAM**



Administered by:  
KANSAS PRIDE, INC

# PARTNERS IN PRIDE GRANT 20\_\_ APPLICATION

Round I       Round II

## 1. PRIDE Organization

Organization Name \_\_\_\_\_

FEIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## 2. Project Information:

Name of effort: \_\_\_\_\_

Location or address of project (if applicable) \_\_\_\_\_

## 3. Amount Requested:

Amount of grant requested for this project. \$ \_\_\_\_\_

(Please remember \$500 is the minimum and \$2,000 is the Maximum amount available).

What is the ratio of the grant to match?  
(Minimum of \$1:1 is required, can be greater)

Percent of cash match: \_\_\_\_\_%

Percent of in-kind match: \_\_\_\_\_%

Have you ever received a Partners in PRIDE grant before? \_\_\_\_\_ If so, when? \_\_\_\_\_

**4. Narrative**

Use no more than 3 typed double spaced pages to address the entire scope of this effort. Be sure to address these areas in order listed

General description

1. Explain how and why the effort was selected as a community priority i.e: critical need for future sustainability, needs assessment, component of vision and mission, etc.
2. Explain how the proposed effort will contribute to the long term impact to the quality of life within your community. Who are the target beneficiaries and how will they be impacted by this project? (please be specific, ie how the community will be different as a result of this project, and how this effort fits into the BIG picture)
3. How will you know if you are successful? What indicators will you use to measure your success?
4. Please tell us who your community partners will be and define their roles in the effort.
5. Please explain how successfully completing this project will contribute to the community's future?

**5. Budget**

Include the proposed line item expenses for this effort. Please keep the budget line items in broad categories. Match should be shown by an amount followed by a C for cash match, and estimated values of in-kind match should be followed by IK under the Match category. PIP funds are the amount of Partners in PRIDE funds applied to the specific expenses. Budget should be broken down to include each expense by line item.

<b>Expense</b>	<b>Match</b>	<b>PIP Funds</b>	<b>Total Expense</b>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL AMOUNT OF FUNDS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Name, address, and email of individual managing your grant funds**

**6. Project Schedule**

Outline the proposed time schedule for this effort (be specific). It must be completed within one calendar year of the award. Insert PRIDE Plan of Work as an example.

**7. Resolution**

This resolution of support must be approved by your community PRIDE organization, signed by PRIDE officers, and submitted.

**A Resolution Endorsing the Application for FY20\_\_\_\_ Partners in PRIDE Funds**

**WHEREAS**, the \_\_\_\_\_ has been created to work to conduct  
(Name of local PRIDE)  
Community improvement initiatives; and

**WHEREAS**, the Board of Directors of \_\_\_\_\_ agree to specifically utilize  
(Name of local PRIDE)  
FY20\_\_\_\_ Partners in PRIDE funds in the manner outlined in this application and consistent with the  
Program guidelines.

**THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF**

\_\_\_\_\_ **PRIDE**, that we do hereby support the formal  
request for FY20\_\_\_\_ Partners in PRIDE funds.

Passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SIGNED:

ATTEST:

\_\_\_\_\_  
PRIDE Board Chair

\_\_\_\_\_  
PRIDE Board Secretary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\*NOTICE: All Pictures are subject to use in publications on websites and Facebook. Please include photo release form in the event that children are photographed (<18 years of age).**

# Publicity/Photo Release

Form must be used for each individual photographed or recorded who is *not employed* by Kansas State University Agricultural Experiment Station and Cooperative Extension Service or College of Agriculture.

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Age (if under 18)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Phone

\_\_\_\_\_  
K-State/KSRE Photographer (please print)

\_\_\_\_\_  
Phone

I authorize Kansas State University and/or K-State Research and Extension or its assignees to photograph and record my image and/or voice (or that of my child under age 18) for use in current or future research, educational and promotional programs, and printed or electronic publications. I also recognize that these audio, video and image recordings are the property of Kansas State University and K-State Research and Extension. I have read and understand the K-State Research and Extension Publicity/Photo Release.

\_\_\_\_\_  
Participant or Parent/Guardian Signature

\_\_\_\_\_  
Date

*“Knowledge  
for Life”*

Kansas State University  
Agricultural Experiment Station  
and Cooperative Extension Service  
K-State Research and Extension  
is an equal opportunity provider  
and employer.

\_\_\_\_\_  
Facilitating K-State Research and Extension Staff Member

\_\_\_\_\_  
Date