



**August 2019  
Caring Community Foundation Announces  
Community Enhancement Grants  
Request for Proposals (RFP)**

**Description and Timeline:**

The Caring Community Foundation (CCF) exists to help Enhance Vibrant Communities of rural Northeast Kansas. We want to develop strong relationships with our local non-profits who serve community needs with the hope that our collective efforts will re-vitalize our home towns. We believe this will help make optimal communities in which to raise a family, access quality education, grow businesses and to experience art and culture.

The CCF is making \$4000 available through a Request for Proposal (RFP) process to nonprofits based in small communities of Pottawatomie County, Kansas. Two Requests for Funding will be considered for \$2000 each.

These grants will be provided by the **CCF Community Fund**, which is supported by **100 People Who Care** and by the **Wayne Stallard Family Fund**. We are grateful to our donors for making these grants possible! Grants will support opportunities to improve quality of life and/or revitalization in rural Pottawatomie County.

Proposals are to be submitted electronically, or on paper, by September 27<sup>th</sup>, 2019 to Susie Kufahl, Executive Director, Caring Community Foundation at [skufahl@ccfks.org](mailto:skufahl@ccfks.org) or P.O. Box 54, Onaga, KS. 66521. Awards will be announced by November 15<sup>th</sup>, 2019 and funds distributed by December 10<sup>th</sup>, 2019. Projects must be completed by October 30<sup>th</sup>, 2020. A final narrative and budget report of the project is due to [skufahl@ccfks.org](mailto:skufahl@ccfks.org) by November 20<sup>th</sup>, 2020. Non-compliance with the terms of this RFP by an awardee, as determined by the Caring Community Foundation Board of Directors, will require the awardee to return the award to the CCF within 30 days of notification of such determination.

**Who is eligible to apply:** Non-profit organizations based in Pottawatomie County, Kansas that can demonstrate their IRS-recognized tax exempt status. If you don't have an EIN, let us know. We may be able to identify a sponsor organization that you can apply through.

**What can be funded:** Project support for revitalization efforts that visibly preserve or enhance downtown, improve quality of life, or support local arts, preservation, restoration or creation of open/green/park space.

**What will not be funded:** Salaries, capital requests, business operating costs, debt, replacement of existing funding, fund raising, or projects that are political, religious or discriminatory.

---

**Caring Community Foundation, Inc.**

785.380.9014 | P.O. Box 54, 307 Leonard St., Onaga, KS 66521 | [www.ccfks.org](http://www.ccfks.org)



## **APPLICATION**

### **I. Applicant Identifying Information**

Name of Organization:

Mailing Address:

Executive Director:

Contact Person:

Phone:

Email:

Geographic Area Served:

Tax exempt status:

EIN:

If applicable, Fiscal Agent Sponsor that is tax exempt:

### **II. Proposal Summary**

In 1-3 sentences provide a general description of the use intended for this grant, if awarded, and the amount of funds requested.

### **III. Organization Description and History**

In several paragraphs, describe the history of the organization, its structure, key staff, and how you will carry out the activities that would be funded by the requested grant. Include major accomplishments of the organization, relevant experience and any established partnerships/relationships that will assist you in completing a successful project.

### **IV. Background**

Explain the problem or enhancement that your project will address. Include evidence of the need and evidence that your project will contribute to a solution. Why should your project be funded?

### **V. Program Narrative**

Provide a detailed description of the program that you are requesting to be funded. Include a timeline showing the duration of the project and order in which the activities will be undertaken and completed. Include an explanation of the time involved, goals of the project, and how goals will be achieved and measured. Description may also include qualifications or experience of the staff or volunteers who will work on the project.



**VI. Budget**

Please complete the table below for your project. In-kind match should be noted as the value of project assistance you receive that you don't have to pay for; this is not required, but is helpful. Please note the source of in-kind match and funds from other sources.

Expenditure Category	CCF Fund Request	Funds from other Sources	In-kind Match	Total
Totals				

**VII. Additional Grantee Requirements:**

- a. Administrative Relationship: The grantee is solely responsible for administering the project, and the CCF shall have no responsibility for such. This agreement grants the Foundation no administrative control over the grantee or its operations; there is no principal/agency relationship between the Foundation and the grantee.
- b. Accounting: For reporting and audit purposes, the grantee agrees to maintain records of receipts and expenditures related to the project, during the project and for a least one year following completion of the project.
- c. Publicity: All planned publicity for this project shall require prior approval of, and acknowledge the support of, the Caring Community Foundation.
- d. Hold Harmless/Indemnification: To the extent allowed by Kansas law, grantee agrees to indemnify and hold harmless the CCF, its board, employees and agents against all liabilities, obligations, damages, penalties, claims, costs, charges and expenses, which may be imposed upon, or asserted against, the Foundation or its representatives.

For more information please contact Susie Kufahl, Executive Director of the Caring Community Foundation, [skufahl@ccfks.org](mailto:skufahl@ccfks.org), 785-380-9014.