## Instructions:

* Use Calibri 11-point font, 1-inch margins.
* Save a copy of this document on your computer, and work using that version. Save changes frequently.
* Complete the below form and return by email to Brenda Bandy [bbandy@ksbreastfeeding.org](mailto:bbandy@ksbreastfeeding.org) no later than 5:00 PM, **March 20, 2020**. Include any necessary attachments, in standard formats (Word, PDF, Excel, JPG, etc.)
* Please save and retain (print if desired) a copy of the completed form for your records.

*Note*: By submitting this grant request, the applicant Coalition agrees that the contents of this application become the property of the Kansas Breastfeeding Coalition (KBC). The application, additional information submitted by the applicant including the attachments, if any, and future information whether written or oral provided by the applicant or otherwise obtained by the KBC related to this application or a grant award made pursuant to this application may be disclosed at the sound discretion of the KBC through its website to the general public or otherwise as reasonably necessary for conduct of its grant review, administration, and evaluation activities.

## Project Basics

**Project Title:**

**Requested Amount: $** *(not to exceed $1,000)*

**Start Date:** *(April 15, 2020 or after)*

**Funding End Date:** *(on or before April 14, 2021)*

## Applicant Coalition

**Breastfeeding Coalition Name:**

## Fiscal Agent

**Name:**

**Type (501c3 or Governmental):**

**Address:**

**Key Contact:**

**Key Contact Email:**

## Grant primary contact

**Name:**

**Title:**

**Email:**

## Local Coalition information

**Mission and Vision:**

**History:**

**Meeting schedule and average attendance:**

**Coalition Project Experience:**

**Leadership structure (Board, informal, rotating facilitators, etc…):**

**List of active local coalition members from the following sectors:**

|  |  |
| --- | --- |
| **Sector** | **Coalition Members**  *(name, title & organization/role in community)* |
| **Local Health Department** *(WIC, MCH, Home Visitors, etc.)* |  |
| **Hospital** |  |
| **Physician Office** |  |
| **Breastfeeding support group** |  |
| **Child Care** |  |
| **Home visitor/community health worker** *(Parents as Teachers, etc.)* |  |
| **Community Member** |  |

## Project overview

**Population to be Served:**

**Geographic Area to be Served:**

**Project Summary: (1-3 sentences)**

## Project description – Goals & strategies *(1-page maximum)*

**Broad goals and strategies:**

Definition of goal: (*general statement of the project’s purpose)*

Definition of strategies: (*concrete and specific activities to achieve the goal)*

## Project personnel and qualifications *(1/2-page maximum)*

**Persons implementing the project and their qualifications for this work**:

## Project outcomes – key outcomes and measurement *(1-page maximum)*

**Outcomes expected through this project *(****expected result(s)/change/difference at the end of the project)*

**How progress will be measured**

## Project Budget *(1-page maximum)*

**Please provide a detailed budget for your activities.**

Allowable expenses include, but are not limited to:

* Independent Contractors/Consultant *(list hours and hourly rate, may not supplant existing salary)*
* Printing

Expenses NOT allowed:

* Certification training
* Indirect costs

## Project timeline *(1-page maximum)*

**Please provide a brief timeline for this project:**