## 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 midnight, March 15, 2018. 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 more than $1,000)**

**Funding Start Date:**

**Funding End Date:**

## Applicant Coalition

**Breastfeeding Coalition Name:**

**Breastfeeding Coalition County or City:**

**Meeting dates, times and location:**

**Average meeting attendance:**

**Coalition Leader(s) who are current members of the KBC:**

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

**Coalition Key Contact:**

**Key Contact Phone:**

**Key Contact Email:**

**Kay Contact Address: (Street, City, State, Zip)**

## Fiscal Agent

**Name:**

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

**Address:**

**Key Contact:**

**Key Contact Phone:**

**Key Contact Email:**

## Project director / grant primary contact (if different that Coalition Key Contact)

**Name:**

**Title:**

**Address:**

**Phone:**

**Fax:**

**Email:**

## Coalition information

**Mission and Vision:**

**History:**

**Meeting schedule and average attendance:**

**List of active coalition members by name, title, and organization from *at least* 3 of the following sectors: hospitals, physician offices, employers, local health departments, WIC, breastfeeding support groups, mothers and others.**

**Coalition Leader(s) who are current members of the KBC:**

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

**Community assets and needs with regard to breastfeeding support:**

**Experience:**

## Project overview

**Population to be Served:**

**Geographic Area to be Served:**

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

## Project description – type / goals & strategies *(1-page maximum)*

**Project type:**

**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-page maximum)*

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

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

**Please describe the outcomes expected through this project.**

**Please describe how progress toward those outcomes will be measured.**

Definition of outcome: the expected result(s)/change/difference at the end of the project

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

**Please provide a detailed budget for your activities: \***

\*Note: Funds cannot be used to train an individual or for indirect costs

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

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