## Instructions:

Written application -

* 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.
* Please save and retain (print if desired) a copy of the completed form for your records.

Video application –

* Video recording must address all questions in this application form. See questions below.
* Video submissions must be submitted via a link to a recording on one of the following sites: Zoom, Drop Box or Google Drive.
* A written budget must be provided in addition to the video application.

Completed applications, written or video, must be submitted by email to Brenda Bandy [bbandy@ksbreastfeeding.org](mailto:bbandy@ksbreastfeeding.org) no later than **5:00 PM, May 3, 2021**. Include any necessary attachments, in standard formats (Word, PDF, Excel, JPG, etc.)

*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.

## Grant Type (may select one or both):

* Staff Support ($1,500 maximum award)
* Capacity Building

## Grant Basics

**Total Requested Amount:** *(not to exceed $2,500 total)*

**Staff Support - $** *(maximum of $1,500)*

**Capacity Building - $**

**Start Date:** *(June 1, 2021 or after)*

**Funding End Date:** *(on or before May 31, 2022)*

## Applicant Coalition

**Breastfeeding Coalition Name:**

**Breastfeeding Coalition County or City:**

## 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 Grant Experience:**

**Has the Coalition received a capacity grant from the KBC in the past: Yes/No**

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

**List of active (*attends the majority of meetings*) 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** |  |

## Grant Summary (1-3 sentences)

## Grant description – Goals & strategies *(1/2 page maximum)*

**Broad goals and strategies:**

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

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

## Grant outcomes – key outcomes *(1/2 page maximum)*

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

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

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

Allowable expenses include, but are not limited to:

Staff Support:

* Staff (Independent Contractor) **$1,500 maximum**
  + May not supplant or replace existing salary or wages
  + Show total contract payment; list estimated hours and a minimum hourly rate of $25/hour
  + Individuals serving as independent contractors will receive a 1099 form in January of each year they receive over $600 in income from the KBC. Individuals are responsible for reporting this income on their personal income tax return and paying any income tax due as a result of this income.

Capacity Building:

* Consultant (facilitator, trainer, legal counsel, accountant, etc.)
* Training/courses (anti-racism, leadership development, etc.)
* Printing
* IT (online platforms, etc.)
* 501(c)3 application fee

Expenses NOT allowed:

* Professional certification training/courses
* Travel
* Indirect costs

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

**Please provide a brief timeline for this Grant, beginning June 1, 2021:**