



2024 Mini-Grant Application

Welcome!

Eligible local breastfeeding coalitions in Kansas are invited to submit proposals for up to \$2,000 to fund activities that will improve breastfeeding rates.

Proposals must be submitted by 5:00 PM on May 1, 2024, through this online application.

Project Work: Funded work should support one or more criteria for the "[Community Supporting Breastfeeding Plus](#)" designation:

It is recommended that you prepare your responses in a Word document. You can then copy and paste your responses into the online form.

Request for Proposal can be accessed [HERE](#).

Grant Timeline

1. Release of RFP - March 15, 2024
2. Proposal deadline - 12:00 PM, May 1, 2024
3. Notice of awards - May 30, 2024
4. Grant project begins - June 1, 2024
5. Progress report - November 30, 2024
6. Grant completion - May 31, 2025
7. Final Report - June 15, 2025

Questions? Contact the Kansas Breastfeeding Coalition at info@ksbreastfeeding.org.

Partial funding for these grants is from Healthy Blue.



Healthy Blue

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 the conduct of its grant review, administration, and evaluation activities.



Kansas
Breastfeeding
Coalition, Inc.

2024 Mini-Grant Application

Application: Project Title & Contact Information



1. Project Title



2. Requested Amount (may not exceed \$1,000)



3. Name of local breastfeeding coalition applying (must be listed in [KBC Directory](#))



4. Local Coalition Contact Person (point of contact for the KBC)

Name

Email Address

Phone Number

5. Local breastfeeding coalition's IRS Letter of Determination (if a 501(c)3 nonprofit)

Choose File

Choose File

No file chosen

6. Fiscal Agent (if the local coalition is not a 501(c)3 nonprofit)

Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>



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Local Breastfeeding Coalition Information



7. Mission and Vision



8. Year formed



9. Meeting frequency/schedule



10. The average number of people at a meeting over the past year.

- * 11. Describe the coalition's experience managing projects.

- * 12. Name(s), title & organization of active local coalition members from the following sectors (if applicable):

Local health
department

Hospital

Physician office

Peer breastfeeding
support group

Child Care

Community
Member

Education



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Project Description

- * 13. Project description (3-4 sentences)

- * 14. Project goals (general statement of the project's purpose)

- * 15. Project activities (concrete and specific activities to achieve the goal)

- * 16. Person(s) implementing the project and their qualifications for this work:

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

- * 18. How will these outcomes be measured?

- * 19. Timeline for this project.



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Project Budget

Allowable expenses include, but are not limited to:

- Independent Contractors/Consultant (list hours and hourly rate, may not supplant existing salary)
- Printing
- Supplies and materials from manufacturers who comply with the [WHO International Code of Marketing of Breastmilk Substitutes](#).

- Travel within Kansas

Expenses NOT allowed:

- Items from manufacturers not in compliance with the [WHO International Code of Marketing of Breastmilk Substitutes](#)
- Expenses for hosting events conflicting with KBC events such as [breastfeeding education courses](#) or the KBC annual conference, Oct. 26-27
- Lobbying or political activity as defined in the Internal Revenue Code related to tax-exempt organizations
- Alcoholic beverages
- Travel or activities outside of Kansas
- Indirect costs



20. Budget expenses. Enter a dollar figure and descriptions with as much detail as possible to support the requested amount. Show calculations (i.e \$200 - breastfeeding supplies, \$1,000 coordinator \$25/hr x 40 hrs., etc.). Enter the total amount requested in the last line.

Personnel (i.e.
hourly rate x
estimated hours)

Supplies and
materials (i.e.
breastfeeding
supplies/aids,
educational
materials,
promotional items,
etc.)

Printing

Travel

Other (i.e.
registration fees,
exam fees, etc.)

Total amount
requested (may not
exceed \$1,000)