



Soroptimist International of Kansas City (SIKC)

2024-2025 Club Year

Date of Application

Organization Name

Organization Address

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Contact Person _____

Title _____

Telephone Number _____ Email: _____

Grant Amount Requested \$ _____ Total Cost of Project \$ _____

Other sources of funding: _____

Organization's Mission Statement or Purpose

Provide a summary of the program or project for which funds are requested. Include benefits to clients/community, number of individuals served, and any other information you think is important regarding funding for your project.

Provide a summary of measurable outcomes you hope to accomplish through this funding. Be specific, as these will be outcomes you will report on in fall 2025. An outcome matrix example is included, below, for your convenience: Please clarify if you are able to report unduplicated numbers of people served through this funding.

Service	Responsible staff or party	Measurement	Indicator/Intended Outcome

Are any Soroptimists affiliated with your organization? ____ Yes ____ No
 If so, how?

Additional Required Documentation:

- Current membership list of your board of directors
- Copy of your most recent IRS tax exemption letter (501(c)(3))
- One of the following: annual report, newsletter, or brochure
- Copy of your most recent annual financial statement
- If your organization received funding the previous year, include the Grant Year End reporting form dated 2023-2024, due back to SI Kansas City November 18, 2024. It is to include documentation as to how the award recipient participated in the annual SIKC fundraiser and proof of event publication.

Please email the completed application with an electronic signature and additional required documentation to serviceobjectives@kcsoroptimist.org no later than January 27, 2025

Any questions, please call Norma McKelvy at 816-918-2608.

Electronic signature _____
 Title _____