

JOHNSON COUNTY BAR FOUNDATION - Grant Application

130 N. Cherry Street, Suite 202
Olathe, Kansas 66061
(913) 780-5460 - Fax: (913) 780-5480
www.jocobar.org

Please either type or print all answers legibly in the space provided. If additional space is needed, please attach additional pages.

1. Name of organization making application: _____

2. Person submitting application (contact): _____

Address of organization: _____

Street Address City State Zip

Telephone of organization: _____ Fax: _____

3. Name of President, Chief Executive Officer, or other official responsible for information contained within this application: _____

4. Amount being requested by organization: \$ _____

5. State briefly the purpose for which funding is being requested (opportunity to more fully expound on the purpose of grant dollars is provided for in paragraph eight (8) On the following page: _____

6. By signature below, the authorized representative of this organization seeking JCBF funds through this grant process acknowledges that they have received a copy of the "Grant Procedures" prepared by the Johnson County Bar Foundation. Signature below represents that this authorized representative has either personally prepared, or reviewed and approved, the information contained within this application and affirms that all information contained herein is accurate, is being provided solely for the purposes of obtaining funding for a purpose set forth in paragraph five (5) above, and that such representative shall be responsible for assuring compliance with JCBF Grant Procedures.

Signed: _____

Date: _____

Authorized Representative

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Grant Application**

7. Describe the organization, the date organized, the history of the organization and the purpose of the organization's existence.
8. Describe the project/program to be funded, as listed in paragraph three (3) on the attached application, more fully. You may attach any relevant published materials which would benefit the Grant Review Committee in their review of this application for funding.
9. Describe the geographical area to be served should this organization receive JCBF funding.
10. Identify other organizations or services which provide similar services in the same geographical area referenced in paragraph nine (9) above. Describe any cooperative work between this organization and any other agencies/organizations referenced as an answer to this question.
11. State other ways your organization uses volunteers or obtains donated goods or matching funds to further facilitate the purpose of this grant request.
12. Describe how the organization will measure the effectiveness of the program or project for which funds are being sought.
13. Is the financial viability of this program contingent upon receipt of JCBF funds?
14. State other sources of funding being sought to support the purpose of this grant request, as well as ways in which this organization will be funding this project or program in the future. Further, please state the estimated cost to the organization for this project/program for the year that funding is being sought.
15. Please state any other reason, or provide any additional relevant information in support of this organization receiving JCBF funding.

Please mail no later than **February 15 or August 15 to:**

**Johnson County Bar Foundation
Attn: Linda Coffee
130 N. Cherry Street, Suite 202
Olathe, Kansas 66061**