

Application Cover Sheet

Kansas Association for the Medically Underserved
1129 S. Kansas, Suite B
Topeka, KS 66612
785.233.8483

Application Checklist

- App. Cover Sheet
- Executive Summary
- Program Narrative
- Work Plan
- Budget Form
- Budget Narrative
- Proof of 501 (c)(3)
- Other supporting Documents

Applicant Organization

Mailing Address

City

Zip

Telephone

Fax

Project Contact

Telephone

Email

Type of Organization (Public, Private Non-Profit)

FEIN#

Service Area (Cities and/or Counties)

President/Board Chair

Date

<u>Grant Fund Requested</u>
Grant Funds Requested \$ _____ Amount Total
Funding Category(s) (Check) _____ Planning _____ Capacity Building _____ Professional Salary Support

Executive Director/CEO

Date