

Kline Foundation Inc.

ORGANIZED 1952

APPLICATION FOR CONSIDERATION OF GRANT REQUEST

This application is required for your organization to be considered for Kline Foundation grants. Please attach any additional information to these pages. Should any of the information below change, please notify the Kline Foundation office at (717) 561-4373. Please type or print.

Application Date:	
Full Name of Organization:	
Mailing Address:	
City, State, Zip:	
Contact Person/Title:	
Telephone #:	
Fax #:	
Email Address:	
Website:	
Year of first operations and/or year activity started:	

Yes No Is your organization qualified as a 501(c)(3) organization by the Internal Revenue Service?

Yes No Is your organization a private foundation under Internal Revenue Service Code Section 509(a)?

NOTE: A copy of the IRS letter qualifying your organization as a charitable organization under IRS code section 501(c)(3) must be included with this application.

Yes No Is your organization located in and does it provide services primarily within Dauphin or Cumberland county, Pennsylvania?

Yes No Would the funds awarded to your organization provide services, activities, or programs within Dauphin or Cumberland county, Pennsylvania?

TYPE OF ORGANIZATION: (please check ONLY one box)

Medical
 Academic
 Benevolent(charitable)
 Community
 Cultural

Amount requested: \$

Date(s) of Need:

Signature

Title

Date

Briefly describe the purpose for which these funds would be used; why are the funds needed?

In a separate attachment, not to exceed four pages in length, please provide a description of:

- The services to be provided, the staff or volunteers who will be providing those services and the populations to be targeted. Include the number of individuals expected to be served and how you will measure the effectiveness of those services.
- The entire range of services your organization provides, including statistical data on the number of individuals served in the past year, the outcomes achieved and how those outcomes were measured.
- The plans and prospects your organization has for sustaining the services you plan to provide after period(s) of requested grant funding from the Kline Foundation is complete.

CHILDREN AND YOUTH ORGANIZATIONS (Please describe how your organization screens volunteers and what guidelines are in place to protect children and youth. Also, provide documentation or a statement that you are in compliance with those guidelines.):

Please attach your organization's most recent financial statement, a budget or breakdown of funding sources and costs for the project for which you are requesting funds and a board member listing for your organization.

REQUIRED ATTACHMENTS:

- | | | |
|--|---|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Results & Statistical Outcomes | <input type="checkbox"/> Financial Statement |
| <input type="checkbox"/> Copy of IRS Letter | <input type="checkbox"/> Board Member Listing | <input type="checkbox"/> Project Budget |

Please indicate any *special* instructions pertaining to actual payment should your organization be approved for Kline funding (i.e. if checks should be sent to a *different* address or to the attention of someone *other* than contact person).

Any additional comments or notes:

COVID-19 GRANT APPLICATION SUPPLEMENT

Please complete the questions below and keep your responses short and to the point. We ask that you keep this to one page so our board members can quickly review your status and make a decision on your grant application request.

Please return this completed page with your grant application.

What impact has the COVID-19 Pandemic had on your budget and your current operations?

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What impact has the COVID-19 Pandemic had on your service delivery? Has your program been cancelled?

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What funding have you lost because of COVID-19? What new funding have you received?

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Please include whether you have or have not received funding under the PPP Loan Program. If you did receive a PPP Loan, please include the amount of the loan in your response.

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Please include any additional comments or notes:

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Please feel free to attach any additional information that may be pertinent to understanding your organization or the purposes for this request.

Grant requests should be mailed to: *The Josiah W. and Bessie H. Kline Foundation, Inc.
Grant Applications
c/o John A. Obrock, CPA
515 South 29th Street
Harrisburg PA 17104*

Please note that requests may be submitted at any time. The Foundation Board of Directors act upon all qualified requests at meetings which are generally held every May and November. After grant requests are considered, your organization will receive notification; generally, funding is awarded in June and December of each year.