



**KOVAR**  
**Grant Application**



**GRANT SUMMARY SHEET**

Date \_\_\_\_\_

Requester:

\_\_\_\_\_  
(Name of requesting organization not a subordinate center, facility or project name)

EIN: \_\_\_\_\_ (required for consideration)

Address:

\_\_\_\_\_  
\_\_\_\_\_

Representative: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

(Official who will sign grant contract if request approved)

Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

(Individual, if different than above, who can answer questions about the grant)

**AMOUNT REQUESTED** \_\_\_\_\_ **(Maximum is \$20,000).**

**PURPOSE OF GRANT:** (Summarize 25 - 40 words)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of Clients Served \_\_\_\_\_

Virginia Counties Served \_\_\_\_\_

Number of Clients with **Intellectual Disability as Diagnosis** \_\_\_\_\_

Number of Previous KOVAR Grants \_\_\_\_\_

Date of Last KOVAR Grant \_\_\_\_\_

Are facility/services open to all **regardless of race, religion or ethnic background.**

YES \_\_\_\_\_ NO \_\_\_\_\_

May KOVAR affix KOVAR decal(s) to item(s) purchased under this grant or place a plaque identifying a grant honoree in the recipient's facility.

YES \_\_\_\_\_ No \_\_\_\_\_

May KOVAR advertise and/or publicize the grant if awarded?

YES \_\_\_\_\_ No \_\_\_\_\_

**A VIRGINIA KNIGHTS OF COLUMBUS CHARITY**

FOR \_\_\_\_\_

(Name of Requestor)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

# KOVAR

## GUIDELINES FOR KOVAR GRANT APPLICATIONS

A member of the KOVAR Board of Directors reviews each grant request prior to Board action. The KOVAR Board will meet the second Saturday of August, October, December, February and April. The Board will meet the second Saturday in June. To ensure that a grant request will be considered at a KOVAR Board meeting a properly completed grant package **MUST** be received at least five weeks prior to one of the six bi-monthly meetings. KOVAR cannot guarantee that incomplete grant packages or requests received after the cut-off date will be reviewed at the ensuing Board meeting. KOVAR will only fund requests for goods and services to assist intellectually disabled citizens of the Commonwealth of Virginia. KOVAR requires grant recipients to submit receipts or documentation that goods or services requested were received, including submitting periodic reports on the disposition of grant funds. KOVAR is a Virginia tax-exempt organization and reserves the right to purchase products directly in lieu of including taxes to non-exempt recipients.

### GRANT PACKAGE REQUIREMENTS

An original grant package and fourteen copies containing all the following required information must be submitted to the officers listed below, before the cut-off date.

1. Completed **Grant Summary Sheet** (A completed form is required, NOT the requested information in an alternate format). **THIS MUST BE THE TOP SHEET OF THE GRANT REQUEST.**
2. Detailed description of Request, including:
  - A description of the existing need that this grant addresses. How will the goods and/or services requested assist the intellectually disabled served by the organization.
  - Discuss the impact on the program/service if the grant is denied or only funded in part. Prioritize goods/services requested in the event KOVAR can approve only a portion of request.
  - Identify other sources of funding/income sought prior to requesting funds from KOVAR.
3. Background data on requesting organization, including:

- Purpose of organization or agency;
- Number and brief description of population demographics;
- Percentage of clients with diagnosis of Intellectual Disability; and
- The primary sources of organization’s funding (public, private). Attach a copy of the organization's budget and/or project budget. If grant request is for less than 100% of project cost include brief description of fund raising efforts and timetable for completion.

4. Documentation of Tax Exempt Status: Copy of **IRS 501c(3)** designation; or Statement confirming affiliation with a church or governmental unit, or larger tax-exempt organization. Must be within the last 5 years.

5. If the requesting organization is affiliated with a school system, a statement of support from the Director of Special Education Services (or similar title), but at the highest level in the system, is required.

6. Attach three bid/price quotes for each item requested. If a single source bid is provided a statement must be included justifying the single source purchase. If the item requested is of a higher quality/cost than normal, a statement justifying the reasoning must be included.

7. Your EIN is required for consideration. The IRS now requires us to report this on our 990.

**Butler Woodcrafters Inc. Agreement**

Butler Woodcrafters Inc. will offer all KOVAR Grant Requesters a 20% discount on all furniture lines, mattresses and accessories from the most current price list. Butler can be reached toll free at 877-852-0784. Because of our agreement no other bid source is required. You can visit their website at <http://www.butlerwoodcrafters.com>.

**FORWARD GRANT REQUESTS AS FOLLOWS**

<b>Original + 16 Copies</b>	<b>One Copy of Complete Grant Package</b>
Don Murphy, PGK VP Grants – KOVAR 106 Kings Crest Drive Stafford, Virginia 22554	Chuck Curran, PGK President - KOVAR 6537 Novak Woods Court Burke, VA 22015

**NOTE: DO NOT MAIL OR SHIP GRANT PACKAGES WITH A RECIPIENT SIGNATURE REQUIREMENT, AS THIS MAY DELAY RECEIPT.**

FOR INFORMATION ON KOVAR GRANTS CALL

**1 800-22KOVAR** (1 800-225-6827) or website [www.kovarva.org](http://www.kovarva.org)

**A VIRGINIA KNIGHTS OF COLUMBUS CHARITY**